

Joining Strength to Strength:

Realizing the Potential of an Aging Community

Creating Community for a Lifetime Phase II Report

**Area Agency on Aging of Western Michigan
Grand Rapids Community Foundation**
www.community4alifetime.org

The *Joining Strength to Strength* Briefing, a 10-page overview of this report, is available at www.community4alifetime.org.

Our Circle of Friends

The Creating Community for a Lifetime partners would like to express our gratitude to the members of the CCFL Core Council and Work Groups for their dedication to doing the hard work of translating research and data into fresh insights and a clear direction. Over the past two years, through their willingness to participate in meetings, to gain new perspectives on aging issues, to dialogue and offer feedback, they have crafted a detailed roadmap for making Kent County a true community for a lifetime.

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Introduction

Realizing the Potential of an Aging Community

*Somewhere a circle of hands will open to receive us,
Eyes will light up as we enter,
Voices will celebrate with us
whenever we come into our own power.
Community means strength that joins our strength
to do the work that needs to be done.
Arms to hold us when we falter.
A circle of healing.
A circle of friends.
Someplace where we can be free.*

- Starhawk, *Dreaming the Dark*

Between now and 2030, Kent County will experience the most profound age shift in its history. While one in ten county residents today is 65+, that number is expected to double as baby boomers approach retirement. The 75+ population is tripling, and the 85+ is quadrupling.

This age shift will affect every aspect of our life as a community—housing, economic growth, transportation, health and social systems, land-use planning, education and many others. Most likely, aging boomers will even influence how we think about many topics, including the issue of aging itself and the role of older people in our society.

Some predict intergenerational conflict over ever-constricting resources. Others see in the age shift the potential for community renewal and transformation. What happens in Kent County will reflect the personal and collective decisions we make in the next few years.

How will Kent County meet the challenge of an aging community?

To help point the way, hundreds of local residents have been involved in community learning, data gathering and analysis, and dialogue through the Creating Community for a Lifetime (CCFL) initiative. In this report, CCFL offers a vision for the future of Kent County and a roadmap to guide us along the way.

A New View of Aging

Creating Community for a Lifetime recognizes that we are on the cusp of a demographic revolution, a period when nearly a third of our population is approaching 65. As with any stage of life, aging brings a host of physical, intellectual, psychological, spiritual and emotional challenges—as well as opportunities for growth and fulfillment.

Unfortunately, our society tends to overemphasize aging *difficulties*—disability, disease, decline, and dependency—as well as the perceived burden an aging population places on our health care, social services and other systems. Clearly, we must attend to the needs of the “frail fraction” of our older residents who face isolation, poverty, health and other issues. We recognize that finding ways to ensure that we include this expanding population in our community’s “circle of healing” will challenge the best talents of each of us.

Communities can do much simply by paving the way for older people to remain actively involved. Research shows the majority of older people of today are healthier, wealthier, and better educated on average than the elderly of any previous generation. They *want* to be engaged in their communities in meaningful ways. And such engagement promotes healthy aging, minimizing the health care and social costs often associated with an aging population.

If we can overcome our outdated, ageist views, we can learn to leverage the intellectual capacity, talent, skills and commitment of older residents to help solve issues for all ages in our community. We can create a community that joins strength to strength to do the work that needs to be done. That’s what we mean by *creating community for a lifetime*.

A Fortunate Majority and a Frail Fraction

As Kent County moves forward to address aging issues, including tapping the significant resources of the older adult population, we have built on the foundation laid by studies and planning efforts that have occurred both locally and on a state and national level.

One particularly thought-provoking tool is the AdvantAge Initiative’s recent report on its national survey of adults aged 65 and older. Entitled *A Tale of Two Older Americas: Community Opportunities and Challenges*, the report tells us:

What we found in the [national] survey is that the story of older adults in the United States is really two quite different stories. The first is very positive. The majority of older adults are thriving. They’re in good health, connected to friends and family, and generally satisfied with their communities. For this sizable majority, the “golden years” are indeed golden.

Against this backdrop of general health, wealth and satisfaction, there is a second, not-so-happy story. A smaller, though sizable, minority—a “frail fraction” of older adults—are struggling, despite a lifetime devoted to work, family and country. They are living in ill health with inadequate financial security, in what they see as dangerous

neighborhoods. And while the experience of these two groups of older adults couldn't be more different, the active and the isolated can live side by side in neighborhoods and cities, sometimes just a few blocks or even houses apart.¹

According to the AdvantAge Initiative report, there are significant disparities between the “fortunate majority” and the “frail fraction.” The latter group is more likely to:

- Be dissatisfied with their neighborhoods
- Say that crime is a big problem in their neighborhoods
- Be in fair or poor health
- Have lower incomes
- Spend more than 30 percent of their income on housing
- Need supportive services
- Not know where to turn for information about services

This frail fraction is less likely than the fortunate majority to:

- Believe that elected officials pay attention to their needs
- Participate in social or cultural activities.

Two Kent Counties

The 2004 AdvantAge Initiative survey² of older adults in Kent County served as the foundation for work groups as they explored effective approaches to creating a community for a lifetime. The survey revealed that 95 percent of older people in Kent County want to continue living in their own homes, in their own communities, for as long as possible. That's consistent with AdvantAge Initiative survey findings across the country where an average of 91 percent of older Americans indicated a desire to age in place.

Nine out of ten older adults in Kent County are satisfied with their neighborhoods, 95 percent feel safe where they live, and only eight percent feel their homes need to be modified for them to continue to live there—all about the same or more positive than national averages.

The Kent County AdvantAge Initiative survey results seem to reinforce recent findings by the Michigan Department of Community Health that older Kent County residents are healthier than their counterparts throughout Michigan. On all 11 AdvantAge Initiative health indicators, Kent County older residents scored higher than the national average. For example, the AI survey found that:

- Seventy-seven percent of older adults in Kent County report being in “excellent, very good, or good” health, compared to 75 percent nationally.
- Seventy-one percent of older adults in Kent County say they participate in some form of physical activity, compared to 62 percent nationally.

¹Feldman, Penny H., Mia R. Oberlink, Elisabeth Simantov and Michal D. Gursen. *A Tale of Two Older Americas: Community Opportunities and Challenges*. New York: Center for Home Care Policy and Research, Visiting Nurse Service of New York, April 2004, pp xv-xvi.

²For detailed findings of the 2004 Kent County Advantage Initiative survey, go to www.community4alifetime.org.

We also learned that older adults living in Kent County tend to be more socially engaged than in other communities, as indicated by:

- Ninety-three percent of Kent County older adults indicated that they had engaged in at least one social activity in the past week, compared with the national average of 89 percent and as low as 81 percent in one New York community.
- More than 42 percent of Kent County residents age 65 or more say they volunteer in the community, significantly more than the national average of 36 percent. Older volunteers in Kent County represent a cross-section of the older adults in terms of educational and income level, age, gender, ethnicity and health status.
- Twenty percent of people age 65 or more in Kent County are providing help for someone who is frail or disabled—again, slightly higher than the national average of 19 percent.

These findings are clearly very positive: Kent County efforts to create a healthy environment for older adults—through the Senior Millage and a broad array of support services and opportunities—appear to be making a difference for the majority of aging residents. However, we also see preliminary indicators that we may have “two older Kent County’s” as well—a “fortunate majority” and a “frail fraction” who may not be doing well on a number of fronts. For example:

- Although the vast majority wish to age in place and feel good about where they live, a disturbing 34 percent of older adults in Kent County doubted that they would be able to remain in their current homes as long as they’d like.
- Almost half—45 percent—felt that they did not have enough money to meet basic needs (e.g., food, clothing, shelter).

We also see indications that the most frail in our community may not be receiving the support they need. The survey asked respondents if they needed assistance with “activities of daily living” (e.g., taking a bath or shower, eating, dressing, etc.) or “instrumental activities of daily living” (e.g., doing light housework, going outside the home, taking medications, etc.). These are issues that often limit people’s independence and their ability to remain in their homes, and ultimately can lead to isolation and decline if not addressed.

Some of the initial findings signal reason for concern:

- Two-thirds of those who need assistance with activities of daily living reported one or more unmet need.
- More than half of those who need assistance with instrumental activities of daily living reported one or more unmet need.
- More than a third of those who felt they needed the help of a professional because they felt depressed or anxious reported they had not obtained help for this condition.
- More than 25 percent of older adults in Kent County do not know whom to call if they need information about services—a figure considerably higher than the 20 percent of older adults nationally who do not know whom to call.

Introduction continued

The AdvantAge Initiative survey of older adults in Kent County has yielded significant data that have contributed to creating a fuller picture of our community from the perspective of older adults who live here. The survey has helped Creating Community for a Lifetime work groups develop our roadmap and provides a valuable milestone by which we can measure our community's progress towards our vision of an elder-friendly community.

More detailed AdvantAge Initiative survey data results can be found at www.community4alifetime.org.

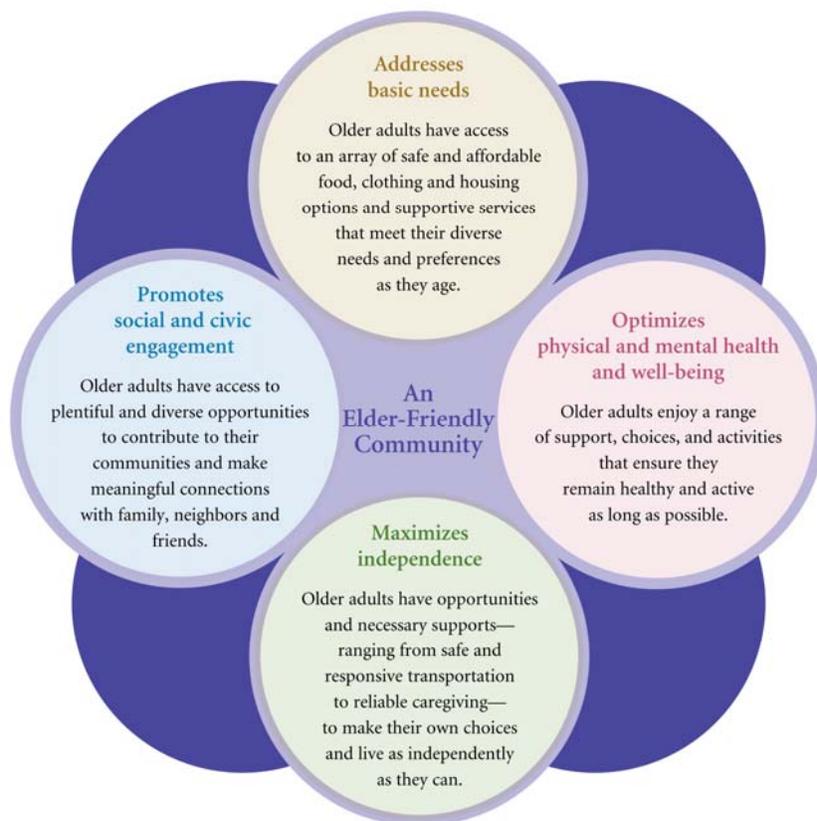
The Vision

Our Vision for Kent County

As a community for a lifetime, what is the vision that we seek to create? We envision a Kent County in which:

- All older adults have the opportunity to live to their fullest potential.
- The community works together to make it a safe, comfortable and productive place for people of all ages and abilities to live.

In the words of the national AdvantAge Initiative³, we seek to create an **elder-friendly community**—a community that **addresses basic needs, optimizes physical and mental health and well-being, maximizes independence** and **promotes social and civic engagement** of all of its older residents.



³This model for articulating our vision in terms of the four broad categories that comprise an elder-friendly community is derived from the work of The AdvantAge Initiative, the Center for Home Care Policy and Research, Visiting Nurse Service of New York, www.vnsny.org/advantage/.

What Would an Elder-Friendly Community Look Like?

If we were to achieve our vision for Kent County, what would life be like for older adults? These stories provide a few vignettes from other communities.

Safe at Home in Baltimore

A retired nurse's aide, Ann is approaching 75. She has lived for 20 years in a modest two-story home in a stable urban neighborhood. Recently, some chronic health issues have begun to catch up with her, and she isn't able to get out as much as she used to. In fact, she's finding it increasingly difficult to climb the stairs to reach her second-floor bathroom.

As much as she loves her home and the neighbors who are always there to help, Ann just doesn't know how much longer she can remain there. Increasingly, she feels lethargic and refuses offers to accompany neighbors to local events. Her neighbors wonder if Ann has grown depressed, and suggest she call the local "Safe at Home" program.

Through "Safe at Home," Ann meets with a social worker and occupational therapist—and together they discuss what might make life better for Ann. They develop an affordable plan to install a downstairs bathroom and other minor modifications, arranging for a local rehab group to oversee the work and provide a home safety orientation for her. The team also links Ann to an in-home meals program, a disease self-management program, and other services.

Ann now realizes that there are many resources in her community that are there to help her "age in place" and feels confident that additional ones will be there when she needs them. She is pleased that the "Safe at Home" folks plan to check in with her periodically to see if her needs have changed. She now brags to her neighbors that she plans to outlive them all—right there, in her own neighborhood.

A Safe at Home program like the one described here is offered to people over 55 with incomes below \$25,000 who live in southeast Baltimore. Safe at Home is a public/private partnership administered through the South East Senior Housing Initiative (SESHI). For more information, see www.seshi.org.

An Exercise Program for All Ages, at All Levels of Fitness

This program is my life line. I came here on the recommendation of physical therapy while undergoing treatment for knee problems, a broken ankle and arthritis. The improvement has been remarkable. I can once again walk two to three miles with no difficulty...in fact, I am in better shape than some of my friends who are 15 years younger.

These words sum up the experience of a 69-year-old participant in EnhanceFitness, an award-winning exercise program designed by Senior Services of Seattle/King County. Developed in the

early 1990's through a partnership with the Health Promotion Research Center at the University of Washington and the Group Health Cooperative, a Seattle-based nonprofit health care system, EnhanceFitness is based on solid research and tested at over 92 sites around the country.

Designed as a low-cost, low-tech program, EnhanceFitness group classes focus on stretching, flexibility, balance, low impact aerobics, and strength training—everything health professionals say that people need to maintain health and function as they grow older. Progress is measured on a number of factors, including “get up and go,” or the time it takes someone to rise from a chair.

Evaluations have shown that seniors who participated in EnhanceFitness gained strength and energy and felt their state of mind improved. In 1997, the Seattle program partners began to share EnhanceFitness, forming partnerships with the Centers for Disease Control Prevention Research Centers in other states, where researchers are studying the intervention in new settings and for new applications, such as arthritis relief.

Senior Services of Seattle/King County administers the licensing of EnhanceFitness, which includes instructor training, in communities throughout the U.S. In 2004, the National Council on Aging selected EnhanceFitness as a Best Practice in Health Promotion, and in 2005, the program was awarded an Innovation in Prevention Award from the U.S. Department of Health and Human Services.

For more information about EnhanceFitness, go to www.projectenhance.org.

Older Adults As Part of the Solution

Ask Experience Corps members what struggling students need more of to succeed and they speak with one voice: parental involvement. So in recent months, groups of Experience Corps members have taken the initiative to design parent outreach programs that complement and bolster their work as tutors.

Mason, a Cleveland third grader, is glad they did. For the past few months, Mason has been meeting regularly with Experience Corps member Jackie Griffey, a retired teacher, and Griffey has been sending notes home about his progress. Mason brings the notes home, has a parent sign them, then brings them back to Griffey, who shares the notes with Mason's teacher.

“You should see the look of utter pride on Mason's face when he brings the notes back to me,” Griffey says.

The exchange is part of a simple program launched this fall by Experience Corps members in Cleveland to communicate with the parents of tutored students about their children's academic development. There's an incentive built in for student and parents—for successfully delivering five notes, Mason gets a small prize.

The Vision continued

The result of this outreach? There's regular communication between parents, teacher, and tutor—without adding to teachers' long list of responsibilities—and, as researchers have long noted, kids do better.

“Children’s chances for success in school and in life increase dramatically when their families are involved,” says Experience Corps CEO John S. Gomperts. “Experience Corps members have the time, leadership skills, creativity, connections, and desire to build bridges between parents and schools. It’s just one more way they can help kids achieve and strengthen the community.”

Experience Corps, a national service program for Americans over 55, works to show that older adults are an untapped national resource and can be engaged to help solve serious social problems, including illiteracy. More than 1,800 Experience Corps members serve as tutors and mentors to children in urban public schools in 14 cities. Experience Corps is a signature program of Civic Ventures (www.civicventures.org).

The Roadmap

To point the way to fulfilling our vision for Kent County, *Creating Community for a Lifetime* identified eight critical issue areas for further study. More than 100 community members participated in work groups to address key questions related to each issue area.

Issue Areas / Work Groups	Key Questions
Basic Needs	
Awareness of Services	How can we be sure all older adults—especially the marginalized—know how to find the information and resources they need?
Housing*	What kind of housing options do we need? How can we ensure access to home design and home modifications services to meet people’s changing needs as they age?
Health	
Physical Activity and Nutrition	How can we help older adults live healthy and active lives as long as they can?
Access to Affordable Health Care	What kinds of education, prevention, treatment and support services do we need?
Independence	
Transportation*	What kinds of transportation systems and services will we need?
Community-Based Services	How can we ensure that older adults who need assistance with daily tasks have access to services in their homes?
Caregiving*	How can we mobilize and support family, friend and other caregivers?
Engagement	
Social and Civic Engagement	How can we mobilize older adults to participate actively in our community—through paid employment or community service?

*These workgroups were integrated with existing community coalitions.

Recommendations At A Glance

CCFL work groups studied Kent County data, reviewed current research and best practices, and developed recommendations in eight issue areas that will guide the community toward our vision of creating a community for all ages. These recommendations comprise a roadmap for Kent County.

	Addresses Basic Needs	Optimizes Physical and Mental Health and Well-Being
Outcomes	<p>Awareness of Services</p> <p>Older adults are linked to supportive services in the community to accommodate their changing needs.</p>	<p>Access to Affordable Health Care</p> <p>Older adults can access affordable mental and physical health services, including medication.</p>
Goals	<p>Housing</p> <p>All parts of Kent County offer an array of safe and affordable housing options that meet the diverse needs and preferences of individuals as they age.</p> <hr/> <p>Home Design and Modification</p> <p>Goal 1: Promote the design and modification of homes to meet the physical needs of individuals as they age.</p> <p>Housing Options</p> <p>Goal 2: Increase the range of housing options in all parts of Kent County—from community-based intergenerational options to age-segregated congregate facilities—that are available to individuals as they age.</p> <p>Affordability</p> <p>Goal 3: Increase older adults' access to an array of affordable housing options.</p> <p>Support and Services</p> <p>Goal 4: Establish an infrastructure for providing the necessary information and services to enable older adults to take advantage of an array of housing options.</p>	<p>Physical Activity and Nutrition</p> <p>Older adults enjoy a range of support, choices, and activities that ensure they remain healthy and active as long as possible.</p> <hr/> <p>Access</p> <p>Goal 1: Increase collaboration and integration of health care and social services in order to improve access.</p> <p>Elder Care Expertise</p> <p>Goal 2: Increase health care providers' expertise in elder care issues.</p> <p>Goal 3: Increase family and friend caregivers' knowledge, skills and support.</p> <p>Advocacy</p> <p>Goal 4: Increase community expertise and support advocacy efforts on issues related to health care and the expanding older population.</p> <p>Goal 5: Support efforts that educate and empower older adults to practice healthy behaviors.</p>
	<p>Communication and Promotion</p> <p>Goal 2: Increase awareness among all parts of our community of the value and contributions of older adults as well as the services for older adults.</p> <p>Goal 3: Strengthen aging and health service provider capacity to receive and share information that is useful for diverse client populations.</p> <p>Empowerment</p> <p>Goal 4: Encourage community-wide recognition of the value of older adults.</p>	<p>Capacity-Building and Accountability</p> <p>Goal 1: Increase community capacity to deliver affordable, effective, and culturally appropriate health and wellness programs for older adults.</p> <p>Goal 2: Increase funding for planning and effective prevention programs.</p> <p>Goal 3: Improve program effectiveness through appropriate evaluation, utilizing professionals with expertise in prevention, community intervention and evaluation.</p> <p>Access</p> <p>Goal 4: Preserve independence through increased access to effective, evidence-based health and wellness programs targeted to meet the needs of people across the continuum of strength and frailty.</p> <p>Outreach</p> <p>Goal 5: Create a culture and environment that supports healthy choices.</p>

Maximizes Independence

Transportation

Older adults have an array of transportation options that are safe and responsive to their needs and preferences.

Access

Goal 1: Increase use of public fixed-route transportation.

Goal 2: Improve usability and availability of specialized, point-to-point service programs such as the Go!Bus and other specialized and volunteer transportation programs.

Goal 3: Support informal transportation options.

Partnership and Advocacy

Goal 4: Improve transportation options through partnerships and advocacy.

Driver's Safety

Goal 5: Protect older adults and the community from driving injuries and accidents.

Community-Based Services

Older adults have opportunities and necessary supports to make choices and live independently.

User-Friendly Service System

Goal 1: Increase collaboration and integration of health care and social services in order to improve access for customers and formal and informal caregivers.

Adequate, Sustainable and Diverse Funding

Goal 2: Assure adequate resources directed to maintaining quality of life for long term living.

Customer Choice

Goal 3: Preserve independence through development of a service system that supports self-determination and provides customer education, autonomy and informed choice.

Evidence-Based Practices

Goal 4: Provide effective services, particularly prevention services, through use of scientifically-tested practices that have evidence-based support.

Caregiving

Personal, community and cultural supports for successful caregiving are strengthened.

Outreach and Access

Goal 1: Increase the number of caregivers who have access to and receive appropriate caregiver information and support.

Advocacy

Goal 2: Encourage community-wide recognition of the contributions of family caregivers and advocate for enhanced support.

Caregiver Services, Choices and Convenience

Goal 3: Increase the number of caregivers who utilize caregiver education and support services.

Promotes Social and Civic Engagement

Social and Civic Engagement

Plentiful and diverse opportunities are available for older adults to remain fully engaged and make meaningful contributions to their communities.

Connections and Contributions

Goal 1: Increase the number of older adults involved in formal and informal volunteer activities.

Goal 2: Increase civic involvement of older adults in efforts to improve the quality of life in Kent County.

Goal 3: Develop a social marketing campaign/communication plan that confronts aging stereotypes and promotes a culture of engagement, vitality and activity based on contributions of older adults.

Goal 4: Foster meaningful connections with family, neighbors and friends and increase awareness of mutual assistance that occurs between generations.

Lifelong Learning

Goal 5: Increase learning opportunities for older adults.

Goal 6: Increase collaboration among existing providers of older adult education.

Employment

Goal 7: Provide opportunities for meaningful work for older adults.

Goal 8: Increase older adults' work-related skills through training.



A Closer Look: Recommendations

The Recommendations At-A-Glance chart (pages 15-16) provides an overview of the outcomes and goals established through the Creating Community for a Lifetime process. This section contains more detail:

- Each of the four AdvantAge Initiative components of an elder-friendly community is introduced with a vision statement and outline of the issue areas related to that component.
- Each issue area is introduced with a brief description, the desired outcome, background information, and goals and objectives.

An elder-friendly community... **Addresses Basic Needs**

The Vision

Older adults enjoy a high quality of life: they feel comfortable and safe at home and in their neighborhoods, enjoy regular, nutritious meals, and have appropriate clothing to suit their needs and the environment. An array of options—and the services that support them—provides them with choices based on their needs, abilities, preferences, and cultural orientations. Older adults and their families and caregivers are aware of and have access to appropriate cultural—and age-sensitive information that enables them to make informed choices about community programs and services.

Issue Areas

Creating Community for a Lifetime addressed two issue areas in developing recommendations for achieving the vision of a community that addresses basic needs:

- **Awareness of Services**
- **Housing**

Awareness of Services

The Awareness of Services issue area focuses on the community’s capacity to reach out effectively to older adults and their families and caregivers so they know how to access support services when they need them. This ranges from a community-wide single-point-of-entry information and referral system to individual service provider’s understanding of aging issues and ability to assess, problem-solve with, and refer clients effectively.

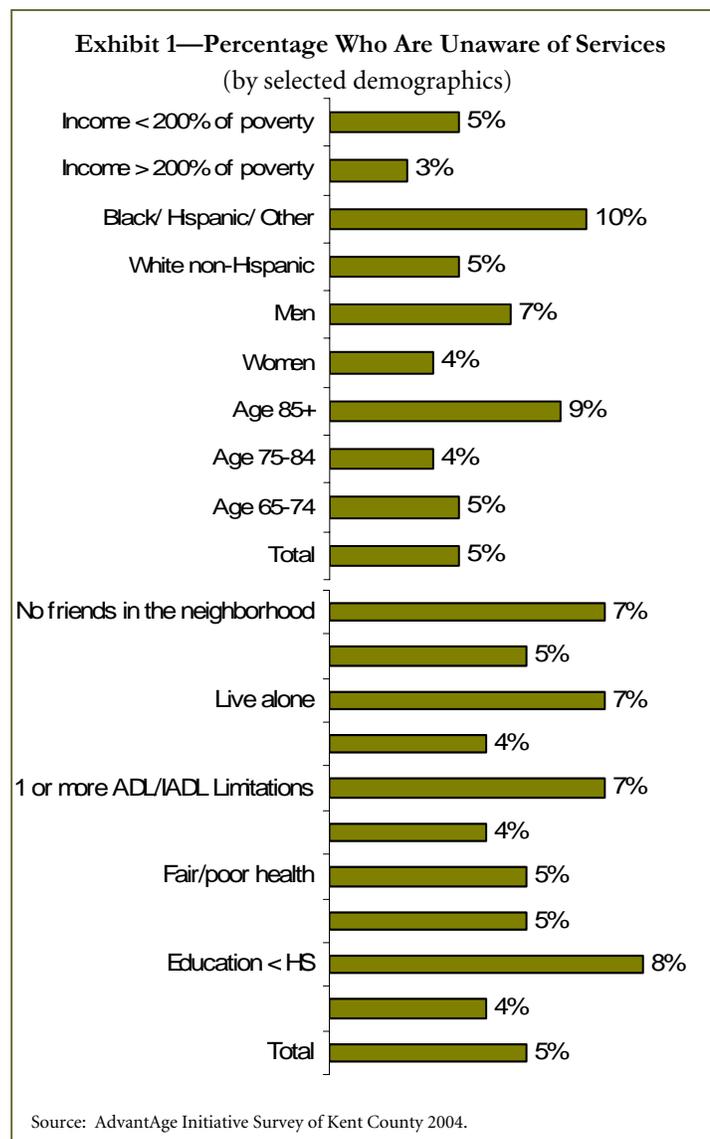
Desired Outcome

Older adults are linked to supportive services in the community to accommodate their changing needs.

Background

Although the overwhelming majority of older Kent County residents want to remain in their homes as long as they can, more than 14,000 of them need assistance from others to carry out everyday activities. And while thousands of older adults in Kent County are served by community-based programs, two out of three Kent County elders who need assistance with everyday activities are not receiving the help they need. One in four older adults—including a disproportionate number of the most vulnerable groups—simply do not know whom to call for information about supportive services.

According to most estimates, Kent County’s aging population will double in the next 30 years. Linking older adults with a daily nutritious meal, home repair service or other supportive services as their needs change can mean the difference between their ability to age in place and the costly and often disruptive option of moving to a long term care facility.



Awareness of Services Is Generally High...

One in four Kent County elders need assistance with daily activities. One in five say their health is fair or poor. In general, older adults in Kent County seem to be very aware of the multiple services available to help them meet their needs: hospice (90%), senior centers (87%), meals on wheels (86%), visiting nurses (85%), food pantry (81%), food stamps (81%), special transportation (80%), home health aides (79%), lifelong learning (75%), congregate meals (74%) and homemaker services (74%). The services they are least familiar with include respite (59%), home repair (56%) and senior volunteer services (55%).

...But Lower Among Specific Populations

Many of the elders who are least aware of services in Kent County are those who tend to be hardest to reach: low income and less educated elders, those who live alone, racial and ethnic minorities, and those with activity limitations—as well as older men and people 85 years or more in age.

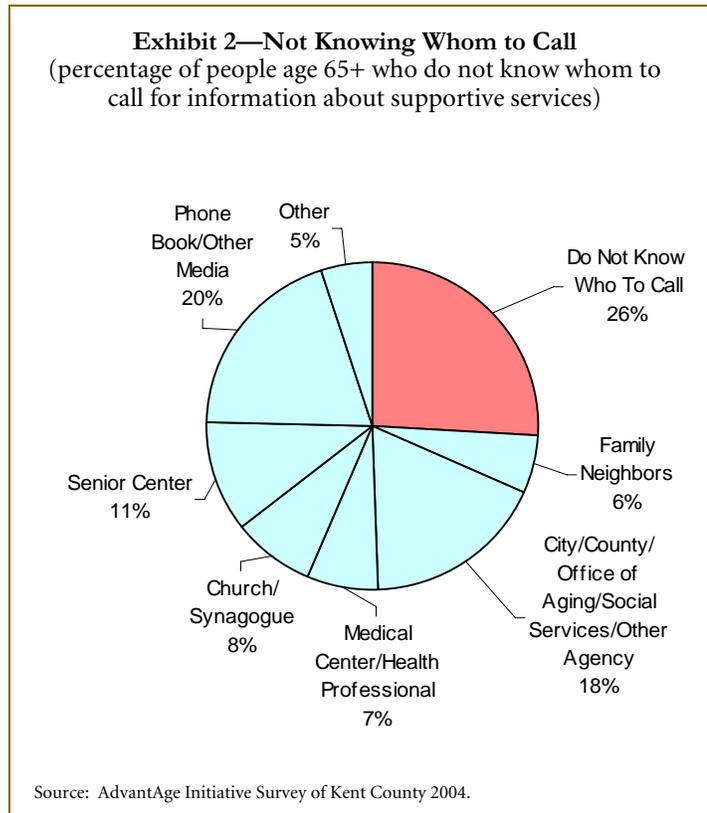
Knowing Whom to Call for Information about Services

Most older adults in Kent County know where to get information about

supportive services. However, a full 26% of Kent County elders cannot name a trusted source of such information in their community, compared to 20%⁴ nationally. One third of all low income elders in Kent County don't know whom to call.

Older adults in Kent County are most likely to look in the phone book (20%) or turn to public or non-profit social service agencies (18%) for information about supportive services. Nationally, 16% of older adults see medical centers or medical professionals as a good source of information about services; in Kent County, that figure is only 7%.

Older adults – and people of all ages – need more than simply a list of organizations who may be able to help. They often need help understanding which service is the best match for them and how they go about deciding which kind of service to seek. Truly effective information and referral systems must build in assessment of needs, initial screening for eligibility, problem-solving and consultation to help link their clients to appropriate services.



⁴ Feldman, Penny H., Mia R. Oberlink, Elizabeth Simantov, and Michael G. Gursen (April 2004). *A tale of two older Americas: Community opportunities and challenges*. Report on the 2003 national survey of adults aged 65 and older. New York: Center for Home Care Policy & Research, Visiting Nurse Service of New York, page 8. Retrieved March 2, 2005 from www.vnsny.org/advantage/survey.html#survey.

Recommendations

Access

Goal 1

Increase the number of older adults and their families who are aware of and have access to appropriate cultural- and age-sensitive information that enables them to make informed choices about community programs and services.

Objectives

- Develop a user-friendly system for accessing the aging information and referral system:
 - Provide multiple access points (e.g., kiosks or other computer access throughout the community; 211; partner with area libraries and others to expand access to information and services, etc.).
 - Use multiple communication media to meet the needs of persons with hearing, vision, language, and reading difficulties.
 - Provide three-way calling service to enable continuity when transferring callers.
- Foster the expansion of the 211 information and referral system through effective planning and coordination.
- Expand the types of information collected to increase the usefulness to more individuals:
 - Include information on caregiving, financial planning, employment, wellness, leadership development, volunteer activities.
- Improve the effectiveness of the information base of aging resources through use of technology and planning:
 - Enable shared access to the database.
 - Provide links to assessment, intake and consumer-directed care options.
 - Use a common taxonomy.
 - Provide real time information.
 - Include private pay services as well as publicly funded ones.
 - Include health services information to create an integrated system with “no wrong door.”
- Provide information on aging services through existing locations and groups including city and county offices, churches, schools, local clubs such as the Torch club and the Women’s City Club.
- Ensure access to information and assistance by targeted groups including the isolated and homebound.
- Integrate with community efforts to promote cultural understanding (e.g., through international centers, training, programming, etc.) to enhance their awareness of aging issues and capacity to help their constituencies access the community’s aging network information, programs and services.

Communication and Promotion

Goal 2

Increase awareness among all parts of our community of the value and contributions of older adults as well as the services for older adults.

Objective

Create media campaign with a focused message that is delivered by providers and others in an ongoing way.

Organizational Capacity

Goal 3

Strengthen aging and health service provider capacity to receive and share information that is useful for diverse client populations.

Objectives

- Support improved information and referral capacity through certification efforts and continuous quality improvement including feedback opportunities for older adults.
- Create internal structures within the aging network to encourage research and strategic planning.
- Leverage community efforts to promote cultural understanding (e.g., through international centers, programming, etc.) to enhance the cultural sensitivity of aging service providers, processes and systems.
- Increase participation of community health professionals in the West Michigan Alliance for Gerontology Education.
- Provide training on the unique needs of the elderly and their service issues to organizations that serve as points of information and contact for older adults (e.g., government offices, libraries, and churches). This could be done through a community speakers bureau of experts in aging.
- Increase training for providers of older adult services on: the continuum of services available within the network, eligibility and referral processes, and information available via the Internet (e.g., the 211 web site, etc.).

Empowerment

Goal 4

Encourage community-wide recognition of the value of older adults.

Objectives

- Create opportunities for older adults to demonstrate leadership.
- Build on national promotional campaigns that address stereotypes and negative images, or foster social engagement.

Awareness of Services continued

- Provide opportunities for older adults to engage in community initiatives.
- Increase the number of older adults who share the experience, perspective, changes, and needs of older adults by participating in community, business and civic planning and serving on government committees.
- Use social marketing to increase community awareness of the value, contributions, and needs of older adults.

Work Group

Co-Chairs

Suzanne Filby-Clark ▪ Area Agency on Aging of Western Michigan
Bob Haight ▪ Heart of West Michigan United Way

Members

Tim Allard ▪ Alzheimer's Association
Kelly Berendsen ▪ Kent County Administrator's Office
Scott Blinkhorn ▪ Visiting Nurses Association
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Anita Christopher ▪ United Methodist Community House
Cheryl Garrison ▪ Kent District Library
Deann Gilliam ▪ Luther Community
Barbara Hohman ▪ Senior Neighbors
Su Hood ▪ Community Mental Health and Substance Abuse
Heidi Isakson ▪ City of Wyoming Clerk's Office
Sue Karson ▪ Life Ambulance
Jane Konyndyk ▪ Community Mental Health and Substance Abuse
Susan Marks ▪ Gerontology Network
Vicki Pickel ▪ Department of Human Services
Todd Price ▪ Pilgrim Manor
Rebecca Rynbrandt ▪ City of Wyoming Parks and Recreation
Lody Zwarenstejn ▪ Alliance for Health

Housing

The Housing issue area addresses the community’s capacity to support older adults in making appropriate housing choices as they age. It includes making a range of options affordable and available—from neighborhood-based homes to congregate facilities; outreach and education about resources and options; community-based support services; and promoting safe and walkable neighborhoods.

Desired Outcome

All parts of Kent County offer an array of safe and affordable housing options that meet the diverse needs and preferences of individuals as they age.

Background

Almost all older adults in Kent County want to stay in their current homes—but more than a third of them fear they won’t be able to. They cite financial uncertainty and questions about their ability to care for themselves as they age as key reasons for their concern. For many—especially the poor and people of color—the big issue will be their housing “cost burden.”

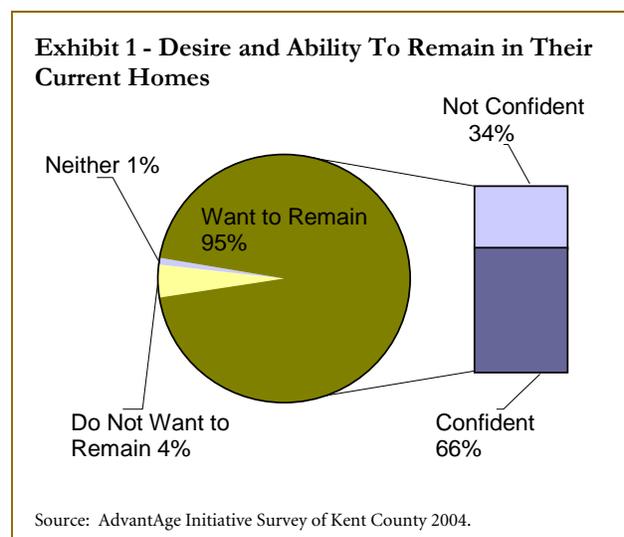
As their risk of injury and disability increases, older adults need homes that provide safe, comfortable and convenient environments. According to the Centers for Disease Control and Prevention, appropriate home modifications and repairs may prevent 30% to 50% of all home accidents, including falls, among older adults. In Kent County, one in twelve (8%) older adults needs to modify her/his home in the next five years, but a significant number of these elders are not sure they will be able to. A disproportionate number of those needing modifications are minorities, those in poorer health and women.

Housing Security

Nearly all (95%) of Kent County residents over age 65 wish to remain in their home for as long as possible. This reflects the desire on the part of many to remain close to friends, neighbors, family and/or church.

Despite this, 34% of the seniors who want to remain in their home are not confident that they will be able to continue to live in their present residence for as long as they would like.

One explanation for lack of confidence is the decreasing ability to care for oneself that some older adults experience. For example, 68% of older adults with no limitations on their



Housing continued

“activities of daily living”⁵ (ADLs) express confidence in their ability to remain in their homes, but only 54% of those with one or more ADL limitations share that confidence.

Lack of confidence also appears to be related to the financial uncertainty reported by many older adults in Kent County. When asked if they think that they will have enough money to take care of themselves for the rest of their lives, only 77% of Kent County’s older adults said “yes”. Eight percent said “no” and 14% said that they did not know.

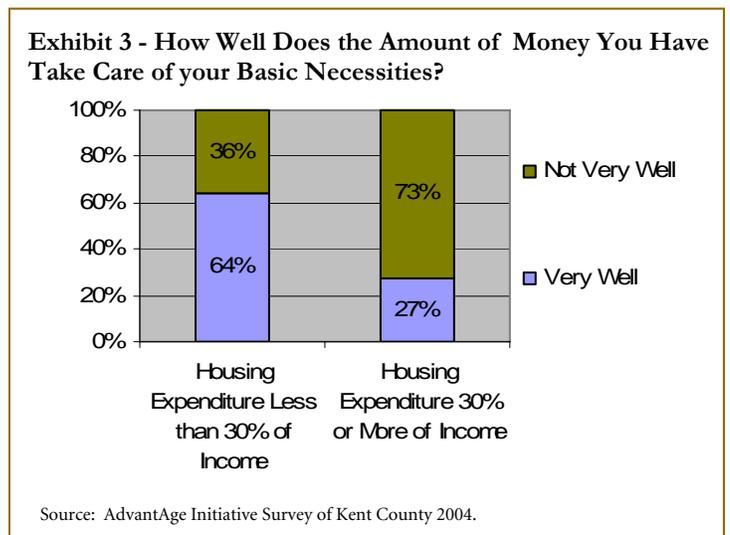
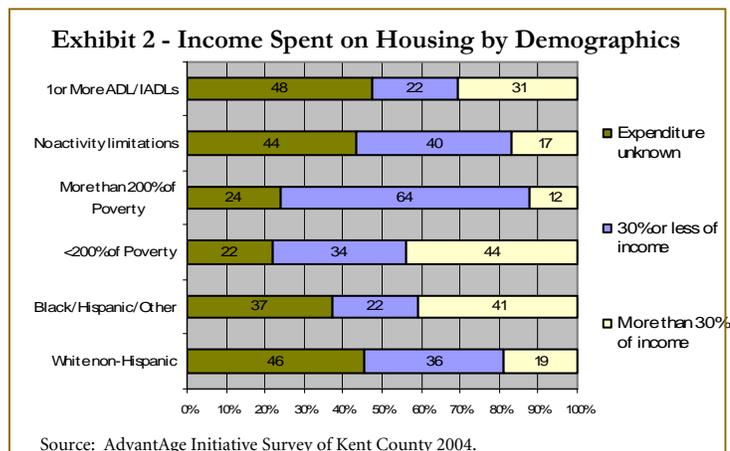
Housing Burden Among Older Adults in Kent County

According to the US Department of Housing and Urban Development, families who pay more than 30 percent of their income for housing often struggle to afford necessities such as food, clothing, transportation and medical care. Data from the AdvantAge Initiative shows us that one in five of Kent County’s older adults are spending more than 30% of their income on housing expenses. However, that number may be low, as it was impossible to calculate housing spending for nearly half of those surveyed (due to the structure of this particular series of questions and the way people responded). If one considers only those people for whom we could make the calculation, approximately 37% are housing burdened.

Some subpopulations were more likely to report suffering from housing burden. For example, older adults with one or more ADL limitation are twice as likely than those without such limitations to report housing burden.

The Impact of Housing Burden on Basic Needs

Three out of four seniors who spend more than 30% of their income on housing report not having enough money to meet their basic needs. This figure is double that of the older adults who are not “housing burdened”. This finding gives weight to the federal warning that families who pay more than 30% of their income for housing may have difficulty affording necessities.



⁵ Activities of Daily Living (ADLs) include eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. Instrumental activities of daily living (IADLs) include: preparing meals, shopping for personal items, medication management, managing money, using the telephone, doing heavy housework, doing light housework and transportation ability.

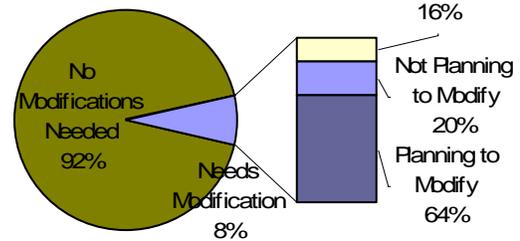
Housing continued

Almost one in five older adults who are housing burdened reported that they did not have enough money to obtain dental care. Additionally, nearly one in eight were unable to fill a prescription and/or pay for eyeglasses due to lack of money. When those who are housing burdened were asked if adults in their household had ever cut the size of meals or skipped meals because there wasn't enough money for food, four percent said they had. Of those who were *not* housing burdened, none reported reducing or skipping meals.

Many Modifications Not Being Made

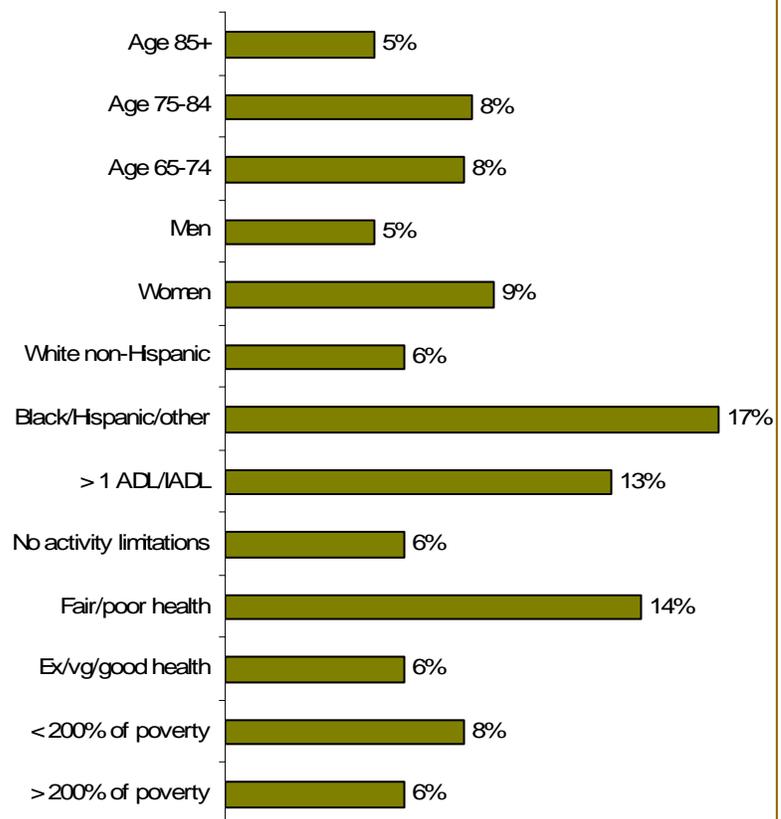
Although 95% of older residents in Kent County want to remain in their homes as they age, one in 12 (8%)—about 4,700 elders—see the need for significant, often costly, modifications to improve their ability to stay in their homes over the next five years. Nationally, 14% of older adults say they need such changes to their homes.⁶ The top needs cited in Kent County were structural changes/major repairs (i.e., new roof or plumbing), cosmetic/minor repairs (i.e., painting or floor refinishing), bathroom modifications (i.e., grab bars, handrails, high toilet or non-slip tile) and heating system upgrades.

Exhibit 4 - Older Adults (65+) with Home Modification Needs and Plans (as a percentage of the total population of older adults in Kent County)



Source: AdvantAge Initiative Survey of Kent County 2004.

Exhibit 5 - Which Older Adults Need Home Modifications? (as a percentage of Kent County older adults in each demographic group)



Source: AdvantAge Initiative Survey of Kent County 2004.

At least 20% of those who need home modifications indicated they have no plans to make them—usually because they can't afford them, they can't do the work themselves or they're not

⁶Feldman, Penny H., Mia R. Oberlink, Elizabeth Simantov, and Michael G. Gursen (April 2004). *A tale of two older Americas: Community opportunities and challenges*. Report on the 2003 national survey of adults aged 65 and older. New York: Center for Home Care Policy & Research, Visiting Nurse Service of New York, page 8. Retrieved March 2, 2005 from www.vnsny.org/advantage/survey.html#survey.

sure they'll still be living in the same place in five years. Although several community programs offer assistance with home repair and home modifications, nearly half of the older adults in Kent County are unaware of these services.

Who Needs Home Modifications?

Among the nearly 5,000 older adults in Kent County who need to modify their homes to be able to remain in them, a disproportionate number are minorities, those in poorer health and women. Seventeen percent of older minority residents need modifications—nearly three times the proportion of White non-Hispanic elders (6%). Similarly, nearly twice as many women (9%) than men (5%) need home modifications.

The proportion of older adults in poorer health who need modifications (14%) is more than double that among those in good health (6%). Elders who require assistance with one or more activities of daily living (ADLs) or instrumental activities of daily living (IADLs) are also more than twice as likely to need home modifications than their counterparts who have no activity limitations. This disparity takes on added significance when we consider the increased risk of injury among frail elders. According to the Centers for Disease Control and Prevention, appropriate home modifications and repairs may prevent 30% to 50% of all home accidents, including falls, among older adults.

Recommendations

Home Design and Modification

Goal 1

Promote the design and modification of homes to meet the physical needs of individuals as they age.

Objectives

- Encourage partnerships to explore new and innovative approaches to housing development, design and modification (e.g., Brighton Development Corp in Minneapolis, Gramercy Management intergenerational cooperatives in Rochester, MN.)
- Provide training to organizations which provide home repair and related services on home modification options to meet the needs of individuals as they age, as well as key principles in working with an aging population.
- Promote universal design and visitability principles in new home development

Housing Options

Goal 2

Increase the range of housing options in all parts of Kent County—from community-based intergenerational options to age-segregated congregate facilities—that are available to individuals as they age.

Objectives

- Review local plans and zoning ordinances to ensure the availability of diverse options—single story townhouses, apartments and condos, accessory housing units, shared housing and integration of commercial and residential properties—within single family zones.
- Provide information, resources, and education to older adults, homeowners, landlords, and developers about alternative housing options such as accessory housing units, shared housing, congregate housing, etc.
- Raise public awareness about the benefits of mixed-use neighborhoods.
- Employ GIS mapping to identify naturally occurring retirement communities in Kent County and develop a plan for supporting them.
- Develop incentives for senior developments to be located close to transit, retail, and services (e.g., explore corridor and transit-related housing strategies).
- Explore public/private partnerships to develop a continuing care retirement community (e.g. the Lapham Park Venture in Milwaukee, WI) and/or supportive housing (e.g., Woodstock Hotel, NYC) options for low-income seniors.

Affordability

Goal 3

Increase older adults' access to an array of affordable housing options.

Objectives

- Develop an array of financial supports and services to enable older adults to obtain the kind of housing they choose as they age (e.g., rent/income assistance; Section 202 housing assistance; energy assistance; home heating credits; weatherization programs; employment options; financial literacy opportunities; MiChoice waiver; property tax exemptions, caps and deferrals; tax credits, etc.)
- Expand funding options for older adults seeking to modify their homes or landlords making modifications to suit the needs of older adults (e.g., subsidies, reverse mortgages, etc.).
- Increase outreach and education about fraud and predatory lending practices.

Support and Services

Goal 3

Establish an infrastructure for providing the necessary information and services to enable older adults to take advantage of an array of housing options.

Objectives

- Develop interdisciplinary teams to assess housing and health-service needs and provide the appropriate level of information and services to older adults. (e.g., Baltimore's "Safe at Home" program).
- Increase access to a diverse array of community- and home-based services along the continuum of care.
- Expand the capacity of community services that provide information about financing options, contractors, and architectural options.
- Simplify the process by which older adults can access financial support and housing related services.

Work Group

CCFL housing recommendations are based on national research on best practices and the work of the Vision to End Homelessness (VTEH) in Kent County, an initiative of the Grand Rapids Housing Continuum of Care (www.grahcoc.org). During 2003- 2005, the Vision to End Homelessness planning process involved hundreds of people from all sectors of the community in a VTEH Summit, data gathering and analysis, and eight project teams that created action recommendations on housing issues ranging from the needs of economically disadvantaged populations to development of a new housing infrastructure.

An elder-friendly community...

Optimizes Physical and Mental Health and Well-Being

The Vision

Older adults enjoy the best health they can. They eat nutritious meals, exercise regularly, and avail themselves of an array of preventive services. When health issues arise, they have access to the appropriate medical, therapeutic or palliative care they need from a trusted provider. They make informed health and well-being decisions based on their values and a full understanding of their options. These capabilities are supported by an integrated wellness, health care, social services and health education system.

Issue Areas

Creating Community for a Lifetime addressed two issue areas in developing recommendations for achieving the vision of a community that optimizes physical and mental health and well-being:

- **Access to Affordable Health Care**
- **Physical Activity and Nutrition**

Access to Affordable Health Care

The Access to Affordable Health Care issue area focuses on building an expert, integrated and user-friendly system of health care and related services sensitive to the strengths and needs of older adults. It involves strategies such as outreach and education, advocacy for evidence-based policies and practices, and community collaborations.

Desired Outcome

Older adults can access affordable mental and physical health services, including medication.

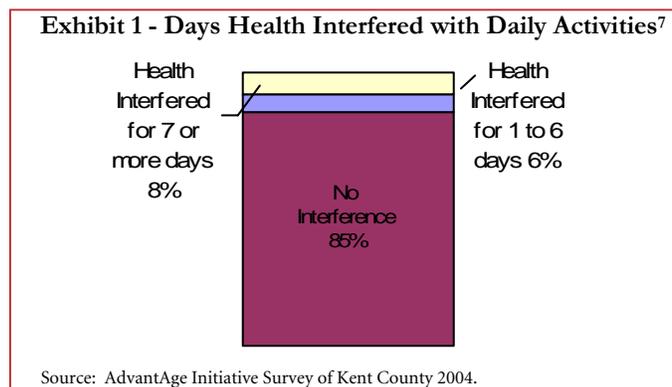
Background

Americans are living significantly longer lives, in no small part due to preventive efforts that have reduced the number of deaths from heart disease and stroke. With increasing longevity, a growing number of older people are experiencing chronic disease, disability and depression during their “extra” years of life. Lifestyle changes and emphasis on preventive health care could help reverse this trend.

Although prevention and early detection efforts in Kent County are reaching many older adults, more holistic and integrated efforts are needed. Many Kent County elders are not getting basic Medicare-covered preventive measures such as flu shots, PSA tests for prostate cancer, mammograms, and bone density tests. Nearly one in four (23%) older Kent County residents describes his or her health as fair or poor. More than one-third (36%) say they’ve had one or more unhealthy days in the previous month—and in 14% of those cases, their physical or mental health interfered with their normal, everyday activities.

Recent research indicates that, among older patients, depression contributes as much to mortality as do cardiovascular disease and diabetes—and that, with treatment, older adults recover from depression as much as three times faster. In Kent County, eight percent—nearly 5,000 older people—say they need professional help to address depression or anxiety, but two-thirds of those have not gotten the help they need. Those lacking treatment include people who need help with everyday activities and low income elders.

An overwhelming proportion of Kent County’s older population (97%) say they have a regular source of health care, with 89% saying they have a private doctor and almost all (97%) who needed medical care in the last year indicating that they had



⁷ The number of “unhealthy days” is based on a summary index from two questions: 1) “Now, thinking about your physical health, which includes physical illness and injury, for how many days in the past 30 days was your physical health not good?” and 2) “Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” People who had one or more “unhealthy” days were asked, “During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self care, work, or recreation?” Percentages may not add up to 100% due to rounding and/or missing information.

obtained it and had no trouble paying for it. However, low income elders, minorities, and those who have restrictions on their everyday activities (ADLs and/or IADLs) are significantly more likely than their counterparts to have had problems paying for medication and other health care needs.

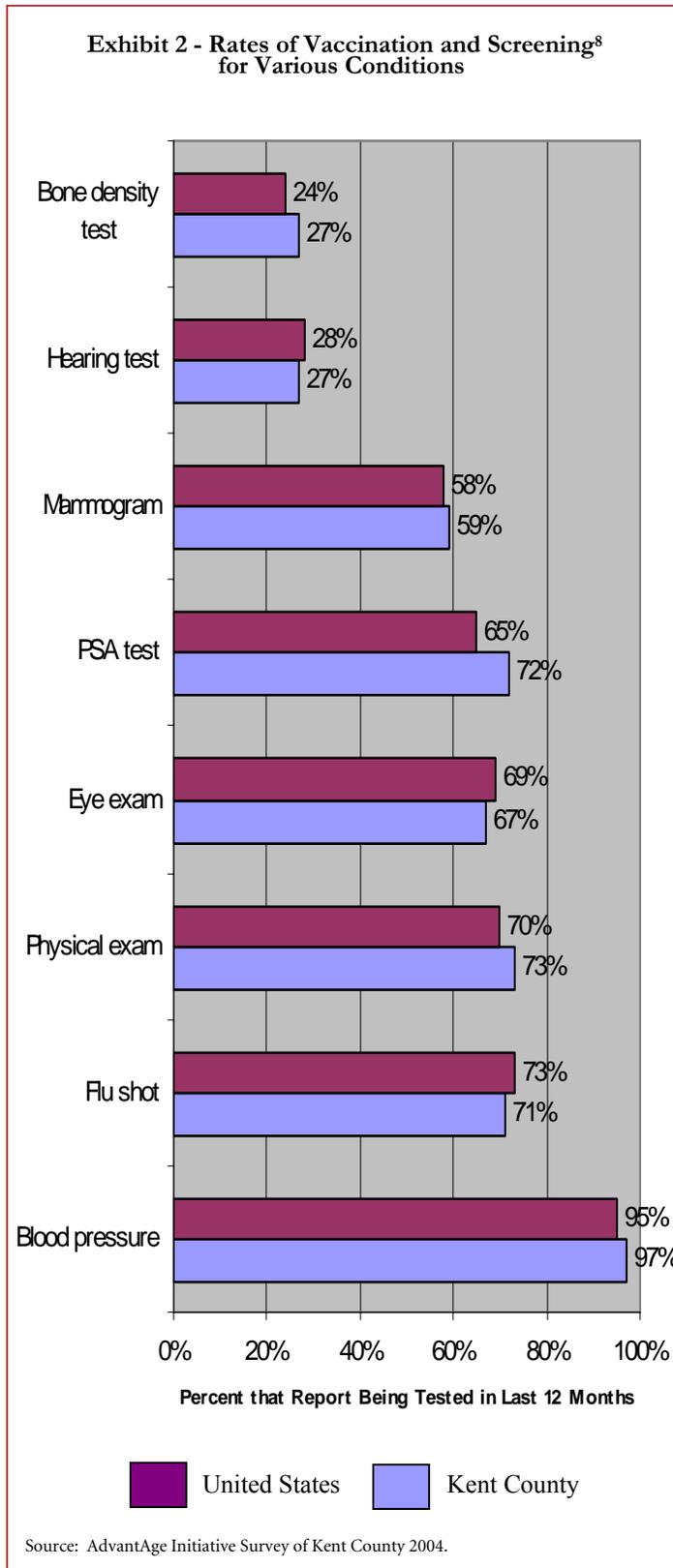
Unhealthy Days⁷

More than one-third of Kent County elders—approximately 22,500 people—reported that their physical or mental health was not good for one or more days in the previous month. Fourteen percent—8,700 older adults—were unable to go about their normal daily activities as a result of poor mental or physical health. And for over 5,000 elders, poor health interfered with their daily activities for seven or more days in the previous month.

Gaps in Preventive Care

Immunizing against disease and early detection of health problems are key strategies for maintaining health, function and well-being as people age. Although nearly all Kent County elders have had a blood pressure check in the last year, a surprisingly large proportion have not had many of the Medicare-covered preventive health services such as bone density screenings (70%), mammograms (40%), and PSA tests for prostate cancer (27%).

Despite public awareness campaigns, full Medicare coverage for the flu vaccine, and more than 35,000 U.S. deaths from flu each year, 29% of Kent County elders—more than 17,800 older adults—did not get a flu shot in the past year. Kent County residents with less



⁷ See previous page.

⁸ People were asked whether they had had any of the preventive measures or tests in the past 12 months.

Access to Affordable Health Care continued

education, those aged 65-74, and White elders were least likely to get their flu shot last year.

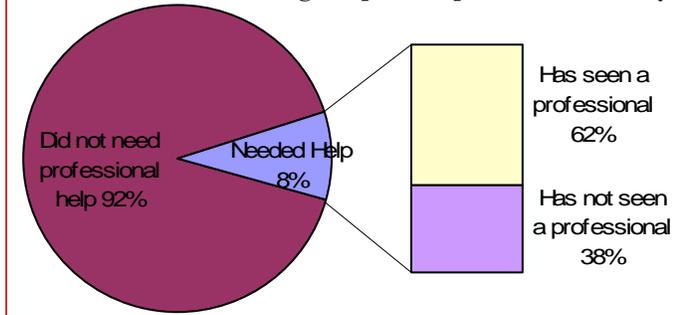
Disparities also occur in access to physical exams, prostate cancer screenings, mammograms and hearing tests:

- *Physical exams:* Lower income elders, women, those with limitations on their everyday activities and those with less education were least likely to have had a physical exam last year.
- *Prostate cancer screening:* Minority male elders, those aged 65-74, those with less education, and those who describe themselves as being in good health were least likely to have been screened for prostate cancer last year.
- *Mammograms:* Women aged 75 to 84, those with low incomes, less education, one or more limitations on everyday activities and who consider their health poor were least likely to have had a mammogram last year.
- *Hearing test:* White women aged 65-74 who consider themselves in good health were least likely to have had a hearing test last year.

Most Elders Suffering from Depression or Anxiety Are Not Getting the Help They Need

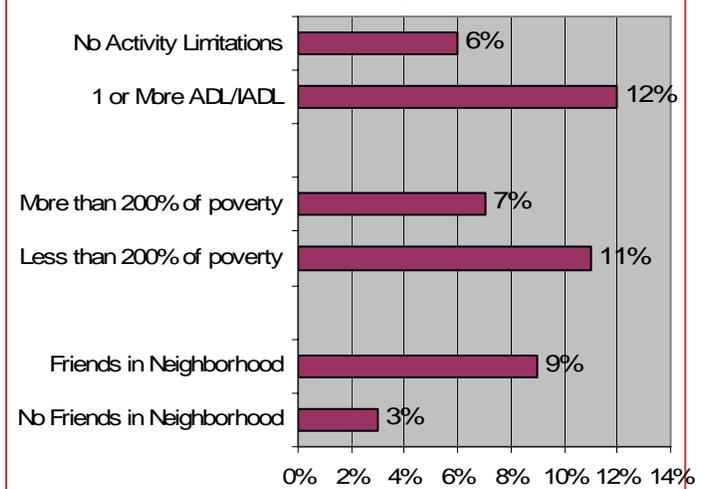
Depression in older adults is an important indicator of general well-being and mental health; in fact, higher levels of depression are associated with higher rates of physical illness, greater functional disability, and higher health care costs. Nearly 5,000 Kent County elders report needing the help of a health care professional because of depression or anxiety. Over 1/3 of them have not gotten the help they need. Most likely, these numbers are low, as experience shows that people tend to under-report their need for mental health assistance.

Exhibit 3 - Elders Needing Help for Depression or Anxiety



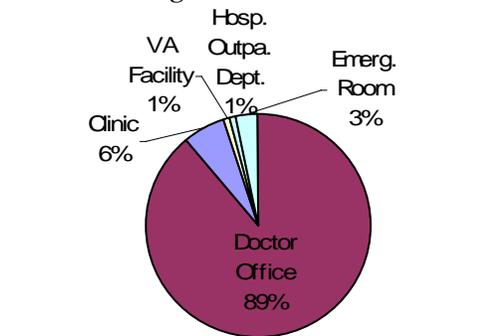
Source: Kent County 2004

Exhibit 4 - Elders Needing Help for Depression or Anxiety By Demographics



Source: AdvantAge Initiative Survey of Kent County 2004.

Exhibit 5 - Regular Source of Health Care



Source: AdvantAge Initiative Survey of Kent County 2004.

People 85 years old and over, women, those less educated, and those who live alone are only slightly more likely to say they need professional help for depression or anxiety. But the prevalence of these issues varies by other characteristics. For example, Kent County elders reporting that they need help include:

- Twice as many with limitations on their activities of daily living (ADLs or IADLs) as those without limitations
- Significantly more low income elders

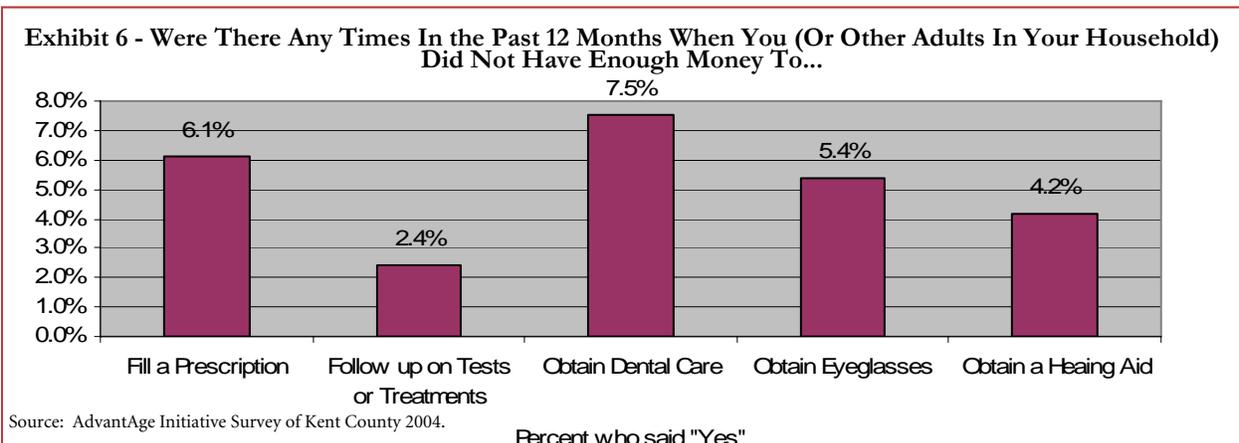
Elders Across the Board Have a Regular Source of Care...

A full 97% of Kent County elders report having a place that they usually go when they are sick or need advice about their health—and the proportions are fairly stable regardless of demographic differences. The majority of elders in the U.S. go to a private doctor for regular care; in Kent County, 89% identified a private doctor as their regular source of care: 90% of older women and 88% of older men. Six percent—about 3,800 elders in Kent County—rely on clinics and health centers.

...But Disparities Exist in Ability to Pay

A small proportion of older adults in Kent County (2%) report problems paying for health care needs. However, 5-8%—3,000 to 5,000 elders—had a time in the past twelve months when they did not have enough money to fill a prescription or pay for dental care or eyeglasses and significant disparities exist by demographics. For example, those having trouble paying for:

- *Prescriptions* are three times as likely to be low income and twice as likely to be minorities and/or have limitations on their everyday activities. Those age 65 to 74 are seven times as likely as those 85 or more to have trouble paying for prescriptions.
- *Dental care* are six times as likely to be low income, five times as likely to be women and/or have restrictions on their everyday activities, three times as likely to be a minority, and twice as likely to be in poor health. Those between the ages of 75 and 84 are twice as likely as those age 85 or more to have trouble paying for dental care.
- *Eyeglasses* are six times as likely to be low income and twice as likely to be a minority, have less education, and/or restrictions on everyday activities. People age 85 or more are eight times as likely as those age 75-84 to have trouble paying for eyeglasses.



Recommendations

Access

Goal 1

Increase collaboration and integration of health care and social services in order to improve access.

Objectives

- Create a work group led by network 180 and the Area Agency on Aging of West Michigan to:
 - Identify ways to increase knowledge and understanding among service providers in the aging, mental health and medical systems about currently available health care, aging, social services and mental health services.
 - Develop information materials on depression, grief and loss issues that are targeted to older adults and include clear service/payment information.
 - Create increased opportunities for collaboration, shared goals, and communication among the health care, aging, social services and mental health systems.
 - Initiate dialogue to identify ways of increasing integration of older adult mental health services into primary health care (including care for sensory impairment conditions) and the community-based services system.
- Increase the number of older adults being served in the community mental health system by expanding the service continuum and increasing home-based options.
- Participate in state and local initiatives to decrease fragmentation and improve access through records-sharing with client approval.
- Leverage existing programs such as the Kent Health Plan and the Area Agency on Aging Medication Assistance program to ensure that older people have access to needed medications.

Elder Care Expertise

Goal 2

Increase health care providers' expertise in elder care issues.

Objectives

- Train all health care personnel in the normative processes of aging.
- Identify and disseminate evidence-based and emerging best practices standards.
- Train health care and social services providers to identify and reduce disparities in older adult health outcomes.
- Support the west Michigan Alliance for Gerontology Education (wmAge).

Goal 3

Increase family and friend caregivers' knowledge, skills and support.

Objectives

- Offer family and friend caregivers information and training on caregiver issues including dementia, personal care, and self care.
- Increase the number of research-based caregiver support programs available.
- Increase minority involvement in caregiver support services design and outreach.
- Support the Caregiver Resource Network.

Advocacy

Goal 4

Increase community expertise and support advocacy efforts on issues related to health care and the expanding older population.

Objectives

- Provide community education on costs, benefits and effectiveness of various health delivery and payment systems, including cost saving mechanisms such as medication re-use.
- Advocate for
 - Parity in mental health coverage.
 - Universal health care which is equitable and maintains provider participation through adequate resources
 - Increased physical and mental health research targeting older adult needs, recognizing that investing in aging research will pay benefits in quality of life and savings.

Goal 5

Support efforts that educate and empower older adults to practice healthy behaviors.

Objectives

- Advocate for policies and programs which recognize that:
 - Factors related to poor health outcomes are embedded in poverty and the social and physical environments in which people live
 - Individual lifestyle choices impact health outcomes and resource needs
 - Environmental factors impact health in communities.

Work Group

Co-Chairs

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Paul Ippel ▪ network180

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Jacquie Johnson ▪ network180
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Tom Oosterbaan ▪ Senior Neighbors
Kathy Sather ▪ Cherry Street Health Center
Jean Sennonyer ▪ Grand Rapids Dominicans
Cindy Smeenge ▪ Priority Health
Rick Stevens ▪ Association for the Blind and Visually Impaired
Chris Wood ▪ Grand Rapids Dominicans
Rick Zaudstra ▪ Kent Health Plan

Physical Activity and Nutrition

The Physical Activity and Nutrition issue area focuses on building the community’s capacity to deliver affordable, effective and culturally appropriate health and wellness programs for older adults, whether they are strong and healthy or frail and/or disabled. It addresses the need for a continuum of services, as well as the need to create a culture that supports healthy choices.

Desired Outcome

Older adults enjoy a range of support, choices and activities that ensure they remain healthy and active as long as possible.

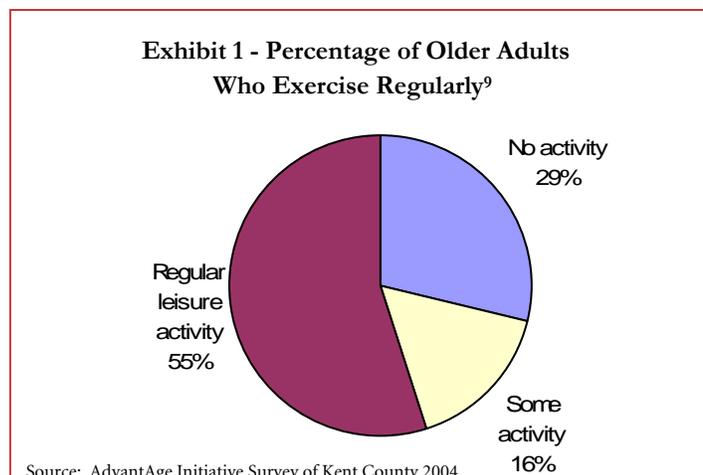
Background

A vast majority of older Kent County residents (77%) describe their health as good, very good, or excellent, slightly better than the national average. This may be partially attributable to the level of physical activity among local elders—71% engage in some leisure time physical activities. More moderate to high income elders in Kent County (78%) exercise than low income elders (61%). Nationally, only two-thirds of older adults take part in some leisure-time physical activities.

According to the National Centers for Disease Control and Prevention (CDC), physical activity is one of the most important steps older adults can take to maintain physical and mental health, quality of life, and the ability to live independently. Another important factor contributing to health is good nutrition. For almost all Kent County elders, a lack of money is not a barrier to getting enough food, but it is unclear how many are eating nutritious meals. According to the CDC, only one-third of older adults in America are eating the recommended five servings of fruits and vegetables a day and nearly one-third of older adults are obese, defined as at least 30 pounds above the recommended weight.

Most Kent County Elders Get Regular Exercise

The vast majority (71%) of Kent County elders engage in some form of regular physical exercise. That means, locally more than 18,000 older adults seldom or never exercise—about the same proportion (29%) found in national surveys of older Americans.



⁹“Regular leisure time activity” is defined as 1) light or moderate activity that causes light sweating or a light to moderate increase in breathing or heart rate and occurs five or more times per week for at least 30 minutes each time, and/or 2) vigorous activity that causes heavy sweating or large increases in breathing or heart rate and occurs three or more times per week for at least 20 minutes each time. People who engage in combinations of the two types of physical activities described above are included in the category “some activity.” Those who are unable to or do not engage in physical activity are included in the category “no activity.”

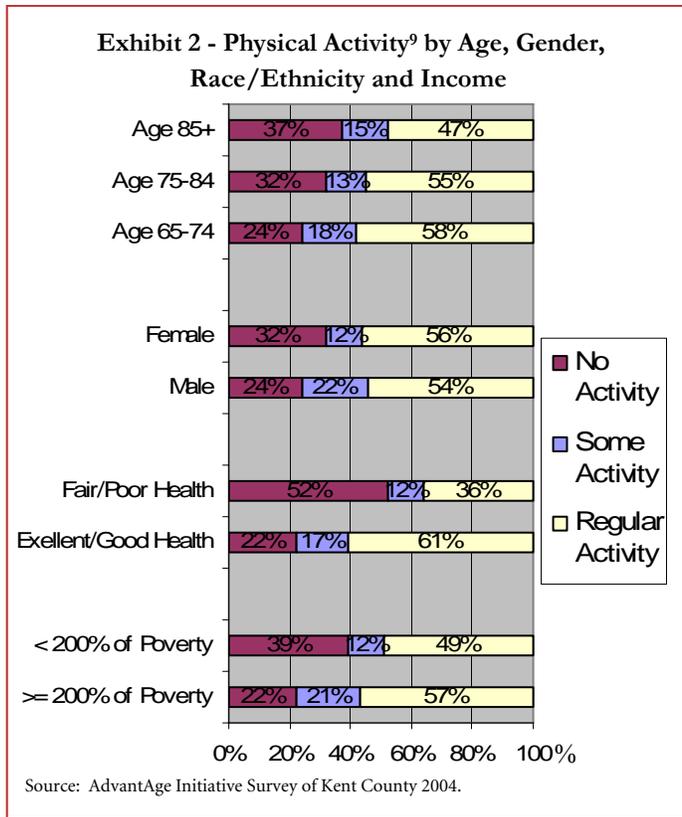
Physical Activity and Nutrition continued

Exercise Levels Vary by Age, Gender, Health Status and Income

Although physical exercise generally decreased with age in Kent County, a majority of those 85+ (62%) engage in some form of exercise. More men (76%) tend to engage in regular exercise than women (68%), but an even larger disparity appears when we compare health status (Excellent/Good Health: 78% and Fair/Poor Health: 48%) and income levels (moderate/high income: 78%; low income: 61%).

Financial Limitations Not a Barrier to Having Enough to Eat

Two percent of Kent County elders—about 1,135 people—have had to reduce portions or skipped meals in the past year due to lack of money. In addition to financial limitations, elders face many barriers to maintaining a nutritious diet: life changes such as the loss of a spouse or a diminished sense of taste and smell can reduce appetite; and increased frailty and medical conditions may make it difficult for older adults to prepare meals, especially if they have dietary restrictions.¹⁰



⁹ See previous page.

¹⁰ Kassner, E (2003). *Nutrition Assistance for Older Americans*. Retrieved May 23, 2006 from: <http://www.aarp.org/research/assistance/lowincome/aresearch-import-771-FS19R.html>.

Recommendations

Capacity-Building and Accountability

Goal 1

Increase the community capacity to deliver affordable, effective, culturally appropriate health and wellness programs for older adults.

Objectives

- Provide oversight, coordination and planning through a Steering Committee that:
 - Identifies existing health programs to determine service gaps across the age and health continuum and set priorities.
 - Explores new opportunities – including funding.
 - Supports or coordinates training opportunities such as “Stages of Change” and “Motivational Interviewing” to improve the skill and practices of care managers, case workers, and other professionals who interact with older adults.
 - Develops and promotes community standards for health and wellness.
 - Develops and implements state-of-the-art approaches to evaluation for individual programs¹¹ and initiative effectiveness that includes a system for collecting standardized data across the community.
- Develop a structure to include programming, funding, outreach and evaluation subcommittees which report to the steering committee on their progress in implementing goals #2 – 5.

Goal 2

Increase funding for planning and effective prevention programs.

Objectives

- Increase the capacity of community and aging service providers to identify and solicit funds related to health and wellness from various funders including foundations, insurance companies, and private pay.
- Explore the development of one funding committee through Creating Community for a Lifetime to act as a resource and clearinghouse for funding support and information.
- Advocate for changes in Medicare and Medicaid that allow reimbursement for proven prevention activities.
- Educate funders and the community about the cost effectiveness of prevention activities.

Goal 3

Improve program effectiveness through appropriate evaluation, utilizing professionals with expertise in prevention, community intervention and evaluation.

¹¹ Program measurement should be simple, outcome-based and with a focus on behavioral objectives.

Objectives

- Encourage the development of outcome measures and evaluation tools to assess effectiveness of health education, health activity, and health promotion interventions.
- Develop standardized data collection, outcome measures and evaluation tools for use among identified community programs to facilitate increased community data collection and analysis.
- Develop an evaluation plan for the health and wellness structure/initiative to assess function, effectiveness and efficiency.
- Identify opportunities to use outcome and demographic data for planning and targeting of resources.

Access

Goal 4

Preserve independence through increased access to effective, evidence-based health and wellness programs targeted to meet the needs of people across the continuum of strength and frailty.

Objective

- Initiate and support evidence-based health programs—using “peer” health coach models where appropriate—for maximum community impact on targeted populations and health issues by ensuring access to:
 - A full continuum of programs such as PATH, Enhanced Fitness, Matter of Balance and nutrition education.
 - Healthy foods and programs that encourage healthy selection, storage and preparation of food.
 - Home-based programs, such as care management and home health care that incorporate evidence-based health prevention and promotion practices into their services.

Outreach

Goal 5

Create a culture and environment that supports healthy choices.

Objectives

- Plan and provide opportunities for:
 - Persons impacted by disparities in health outcomes to learn about and make healthy lifestyle choices.
 - Health professionals and service providers to support healthy lifestyle choices by older adults.
- Involve older adults in planning at every level.
- Mount effective campaigns to promote healthy practices and choices and establish a culture of wellness.

Physical Activity and Nutrition continued

- Solicit a health champion(s) to increase community awareness—this could include public figures and/or health care professionals with a passion for prevention.
- Utilize tested materials developed nationally to reach targeted groups including those who have less income, persons who are frail, and persons of color.
- Increase community awareness of the negative impact of chronic disease and depression on quality of life and of the proven positive impact of current treatment options.
- Increase the number of physicians and health care providers who counsel, refer and recommend healthy aging practices to their patients.
 - Increase health provider understanding of benefits of prevention for the frail elderly.
 - Increase health provider awareness of the negative impact of chronic disease and depression on quality of life of older adults and of the proven positive impact of current treatment options.

Work Group

Co-Chairs

Margaret Biersack ▪ Spectrum Health Healthier Communities
Tom Oosterbaan ▪ Senior Neighbors

Members

Eric Boss ▪ Spectrum Health Rehabilitation and Sports Medicine
Joe Chiamonte ▪ Spectrum Health Rehabilitation and Sports Medicine
Beth Cieminis ▪ YMCA
Suzan Couzens ▪ Grand Rapids Area Health Ministry Consortium
Mike Faber ▪ Older Learner Center at Grand Rapids Community College
Shawn Fleet ▪ Spectrum Health Nutrition Options and Wellness
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Patricia Joyce ▪ MSU Extension
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Jackie O'Connor ▪ Area Agency on Aging of Western Michigan
Kevin O'Hara ▪ Gerontology Network
Barb Nelson ▪ Area Agency on Aging of Western Michigan
Linda Quest ▪ Senior Meals on Wheels
Dimita Zweiback ▪ Healthy Aging Initiative Michigan Dept. of Community Health

An elder-friendly community...

Maximizes Independence

The Vision

Older adults have opportunities and necessary supports to make their own choices and live as independently as they can. In addition to an array of services to provide frail and disabled older adults with assistance with everyday activities in their homes, these supports include transportation options that are safe and responsive to older adults' needs and preferences, as well as effective caregiving options that are supported by a strong and coordinated network of community and cultural resources.

Issue Areas

Creating Community for a Lifetime addressed three issue areas in developing recommendations for achieving the vision of a community that maximizes independence for the frail and disabled:

- **Caregiving**
- **Community-Based Services**
- **Transportation**

Caregiving

Caregiving recommendations seek to mobilize family, friend and other caregivers to complement the formal service system in providing the support older adults need to remain independent. They call for raising community awareness of the vital role family caregivers play and improving caregivers' access to information, education and support services.

Desired Outcome

Personal, community and cultural supports for successful caregiving are strengthened.

Background

Almost all older adults in Kent County want to stay in their current homes—but more than a third of them fear they won't be able to. They cite financial uncertainty and questions about their ability to care for themselves as they age as key reasons for their concern.

One in five older adults in Kent County provide regular help or care to a family member, friend or neighbor who is unable to do some things for themselves due to sickness or disability. One-fourth of these unpaid caregivers say they get no respite from these responsibilities. And when the tables are turned and older adults in Kent County need this kind of informal caregiving support for an extended period of time, nearly a third say they don't know of anyone who could provide it.

According to most estimates, Kent County's aging population will double in the next 30 years. Strengthening the informal caregiving system of support in Kent County will help many older adults "age in place"—meeting their expressed desires and providing a cost-effective alternative to more formal systems of care.

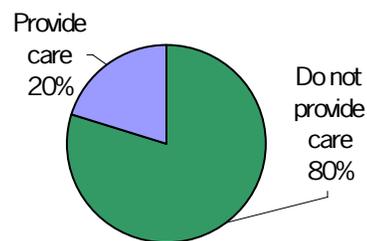
Older Adults as Caregivers in Kent County

More than 12,600 older adults make up a significant informal network of support for the frail and disabled in Kent County.

Although most provide caregiving for relatives, a full 36 percent regularly help their neighbors and friends with activities they are unable to do themselves due to sickness or disability.

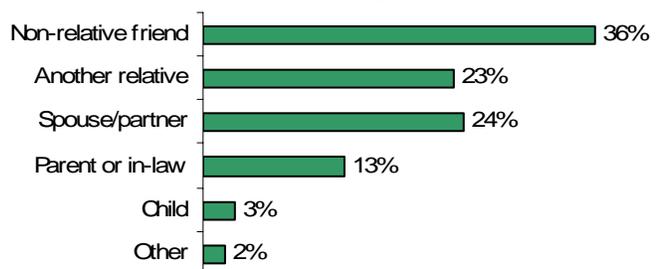
Older caregivers dedicate a substantial number of hours each week to helping their family or friends. Among those who provide care:

Exhibit 1 - Percent of People Age 65+ Who Provide Help to the Frail or Disabled



Source: AdvantAge Initiative Survey of Kent County 2004.

Exhibit 2 - Relationship of Caregivers to Care Recipients



Source: AdvantAge Initiative Survey of Kent County 2004.

Caregiving continued

- 18% devote more than 10 hours per week
- 23% four to ten hours
- 34% one to three hours
- 25% could not assess how many hours they spend on caregiving.

The mean number of hours of those who provide caregiving is 19.8 hours per week. That means that older adults in Kent County are providing about 250,000 hours of care per week to family and friends—

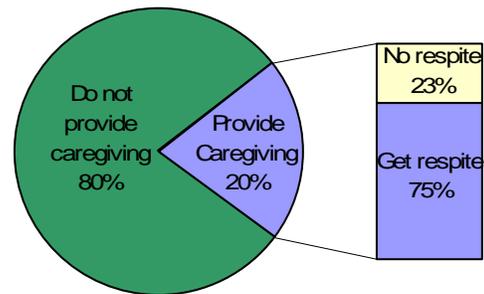
unpaid and, for one in four of these caregivers in Kent County, without respite. The fact that nearly 80% of the older adult caregivers in Kent County have been providing this help for a year or more underscores the importance of ensuring that they themselves have access to respite and a formal system of support.

Formal Support for Older Adults Providing Care

Why are one in four older adult caregivers not getting respite from their responsibilities? It could be that they are not familiar with community services: among all of the older adults in Kent County who were surveyed:

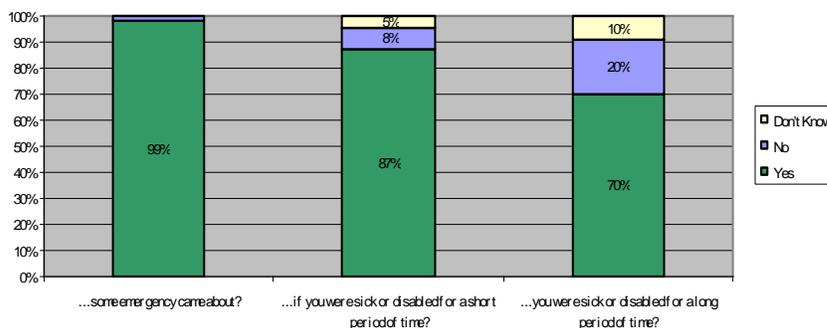
- 41% did not know if respite services were available in Kent County
- 15% did not know if a visiting nurse was available
- 21% did not know if a home health aide was available.

Exhibit 3 - Percentage of People Age 65+ Who Get Respite/Relief From Their Caregiving Activities.



Source: AdvantAge Initiative Survey of Kent County 2004.

Exhibit 4 - Is There Someone Who Could Help If...?



Source: AdvantAge Initiative Survey of Kent County 2004.

Does the Informal Support System Work for Everyone?

Nearly all (99%) of Kent County seniors reported having someone they could contact at any time of the day or night if an emergency situation arose. That number falls to 87% when Kent County's older adults are asked if they feel they have someone who

would help them if they were sick for a short period of time, such as if they had the flu. The percentage drops even further when older adults are asked if they have someone who would help for a long period of time if they should become sick or disabled. Nearly one-third do not know of any family member or friend who could provide this kind of long-term help.

Recommendations

Outreach and Access

Goal 1

Increase the number of caregivers who have access to and receive appropriate caregiver information and support.

Objectives

- Strengthen existing Information and Referral programs, as well as Outreach and Assistance providers' ability to assess family caregiver needs (through use of effective caregiver assessment protocols) and to make appropriate referrals (i.e., targeted support and follow-up).
- Enhance caregiver telephone and web-based support by providing an information and assistance counseling line/service that is available beyond traditional hours.
- Create an understanding of caregiver “reachable moments” among health care and aging service providers.
- Integrate or link caregiver information to proposed single-point-of-entry system.

Advocacy

Goal 2

Encourage community-wide recognition of the contributions of family caregivers and advocate for enhanced support.

Objectives

- Develop partnerships with Advocates for Seniors, Disability Advocates and other disease-related advocacy groups to share information that will lead to increased advocacy, community awareness and appreciation for family caregiver issues. Strategies include legislative advocacy in the areas of Lifespan Respite legislation, Census tracking of caregivers, financial support through tax credits or other mechanisms.
- Create a community awareness initiative—including outreach to employers and younger persons—to provide for community dialogue on the place of family caregiving. Strategies include continued media communication efforts and targeted campaigns.

Caregiver Services, Choices and Convenience

Goal 3

Increase the number of caregivers who utilize caregiver education and support services.

Objectives

- Expand services to provide a continuum of education and support including: skill training, church-led and counselor-facilitated support groups, and varied education programs—to address legal issues, financial planning, chronic conditions, self care strategies etc.

Caregiving continued

- Increase respite options.
- Create a service delivery system which includes web-based client records and links intake and service records electronically.
- Offer consumer choice options—for example, by providing families with direct payments that they can apply to paying for the caregiver resources that they consider most appropriate.

Work Group

During the winter and spring 2005, the Caregiver Resource Network devoted significant time during their monthly meetings to study and analysis of the Caregiving issue area for Creating Community for a Lifetime (CCFL). Members offered insights into the AdvantAge Initiative Survey of Older Adults in Kent County findings, considered best practices, and developed the CCFL Caregiving recommendations. The Caregiver Resource Network is a collaboration of West Michigan organizations dedicated to providing for the needs and welfare of family and professional caregivers in the community.

Members

Nora Barkey ▪ Area Agency on Aging of Western Michigan
Robert Barnes ▪ Senior Neighbors, Inc.
Cindy Beel-Bates ▪ GVSU, Kirkhof College of Nursing
Angela Bergsma ▪ Holland Home
Sarah Bolter ▪ Elder Consult, Spectrum Health
Cathy Brady ▪ Pine Rest
Cindy Coco ▪ Advanced Professional Home Health Care
Pamela Coleman ▪ Grand Rapids Community College
Hanni Epp ▪ West Michigan Caregivers Alliance
Stephanie Erickson ▪ Holland Home Care and Hospice
Michael Faber ▪ Grand Rapids Community College
Sherry Gaines ▪ Hope Network Behavioral Health Services
Lois Horstman ▪ Heartland Home Health Care & Hospice
Margaret Howard ▪ Crystal Manor Assisted Living Facility
Michael Jankowski ▪ Heartland Home Health Care & Hospice
Morgan Lambert ▪ Area Agency on Aging of Western Michigan
Todd Langejars ▪ Comfort Keepers
Christiana Leitch ▪ Alzheimer's Association
Tomme Maier ▪ American Red Cross
Sue Marsh ▪ Thresholds Inc.
Judith Maxim ▪ Hope Network Behavioral Health Services
Barb Nelson ▪ Area Agency on Aging of Western Michigan
Jerry O'Bee ▪ O'Bee Long Term Care Planning
Jackie O'Connor ▪ Area Agency on Aging of Western Michigan

Caregiving continued

Lois Patten ▪ Area Agency on Aging of Western Michigan
Cindy Streekstra ▪ Gerontology Network
Jeffrey Swain ▪ Homewatch CareGivers of West Michigan
Gloria Van Haitzma ▪ Evergreen Commons Senior Center
Pam Van Spyker ▪ Lutheran Social Services of Michigan
Lucia Dvorak Yeager ▪ Easter Seals of Michigan

Community-Based Services

Community-Based Services include everything from home repair and financial literacy programs to in-home meals and assistance with everyday activities. Community-Based Services recommendations focus on ways to enhance the effectiveness and capacity of the system of services by :

- Increasing collaboration among and integration of the health care and social services systems to create user-friendly access to comprehensive services
- Adopting principles and practices that have been scientifically tested, have evidence-based support, and promote customer choice
- Ensuring adequate, sustainable, and diverse funding resources.

Desired Outcome

Older adults have opportunities and necessary supports to make choices and live independently.

Background

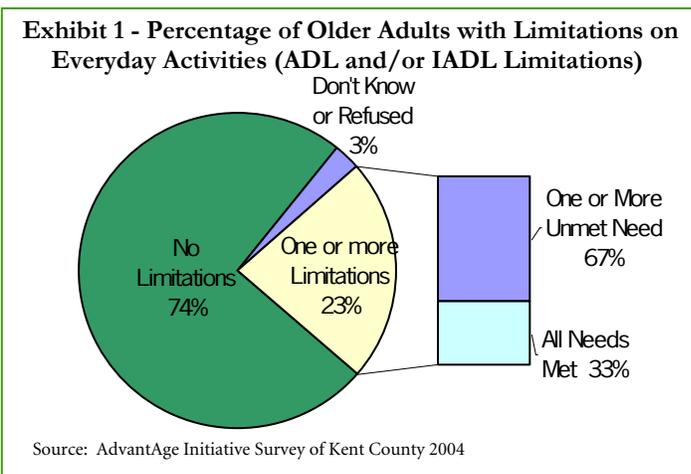
Although the overwhelming majority of older Kent County residents want to remain in their homes as long as they can, nearly one in four (more than 14,000 individuals) need assistance from others to carry out everyday activities. A disproportionate number of the most vulnerable groups—low-income elders, minorities, those with a lower education, and those age 85 or more—need assistance to maintain independence in the community.

While thousands of older adults in Kent County are served by community-based programs, two out of three Kent County elders who need assistance with everyday activities are not receiving the help they need. One in four older adults simply does not know whom to call for information about supportive services.

In 2005, Governor Granholm created the Michigan Long-Term Care Supports and Services department and citizens' advisory commission within the Michigan Department of Community Health. The Governor charged these groups with streamlining and simplifying the state's long-

term care system, providing a full array of coordinated services, and emphasizing individual choice. She also called for demonstration projects to help develop a single point of entry system.

According to most estimates, Kent County's aging population will double in the next 30 years. Linking older adults with a daily nutritious meal, home repair service or other supportive services as their needs change can mean



Community-Based Services continued

the difference between their ability to age in place and the costly and often disruptive option of moving to a long-term care facility.

One-Fourth of Kent County Elders Need Assistance

While the vast majority of Kent County elders are able to live independently, nearly one in four—14,203 people—need assistance with everyday activities. Among those who need such assistance, only one out of three are receiving the assistance they need.

Assistance with Activities of Daily Living (ADLs)

Fourteen percent of Kent County elders—nearly 9,000 people—need assistance with activities of daily living, the most frequently cited being taking a bath or shower (5%), getting in or out of a bed or chair (3%), and just getting around (2%).

Among those needing help with ADLs, a full 71% are not getting the help they need.

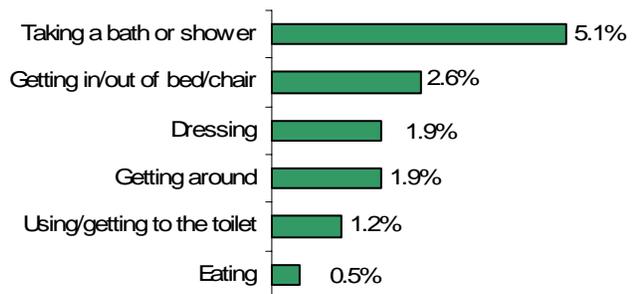
Assistance with Instrumental Activities of Daily Living (IADLs)

Seventeen percent of Kent County elders—more than 10,500 people—need assistance with instrumental activities of daily living, the most frequently cited being going outside the home (7%), housework (6%), keeping track of money or bills (5%), and transportation (4%). Among those needing help with IADLs, just over half (53%) are not getting the help they need.

Extent of Limitations

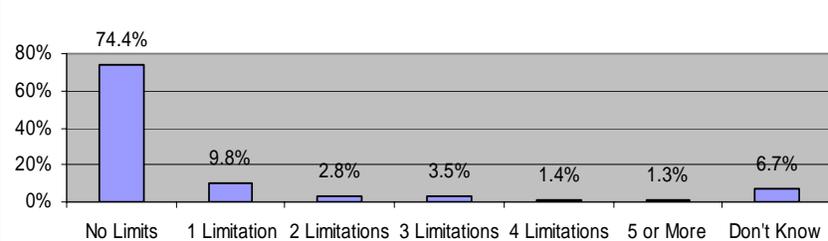
The qualification criteria for services varies by program. For many services elders must indicate that they need assistance with 3 or more ADL or IADL limitations. This means that the majority of those in Kent County who need

Exhibit 2 - Percentage of Older Adults Who Need Assistance by Type of ADL



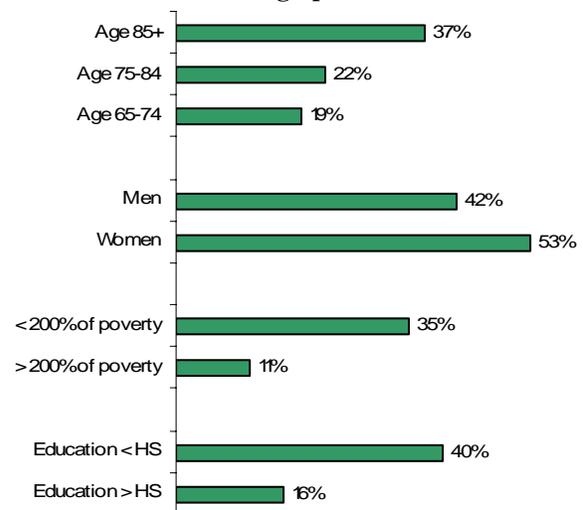
Source: AdvantAge Initiative Survey of Kent County 2004.

Exhibit 3 — Number of ADL and IADL Limitations



Source: AdvantAge Initiative Survey of Kent County 2004.

Exhibit 4 — Percentage of Older Adults Needing Assistance by Selected Demographics



Source: AdvantAge Initiative Survey of Kent County 2004.

assistance would not meet the qualification criteria for certain services.

Demographics of Elders Needing Assistance (ADLs and IADLs)

In Kent County, low income elders, minorities, those with a lower education, and those age 85 or more are significantly more likely than their counterparts to need assistance to maintain independence in the community. For example:

- 37% of elders age 85 or more need assistance, compared with 22% of those age 75 to 84 and 19% of those age 65 to 74.
- Among Kent County elders who need assistance with everyday activities, 69% are female and about half are low income (52%), have a lower education (51%), and live alone (52%).
- 35% of low income elders need assistance with everyday activities compared to only 11% of mid- and upper-income seniors.
- 40% of elders with less than a high school education need assistance while only 16% of those who completed high school have similar needs.

Recommendations

A User-Friendly Service System

Goal 1

Increase collaboration and integration of health care and social services in order to improve access for customers and formal and informal caregivers.

Objectives

- Implement a single point of entry program that empowers customers and increases choice.
- Increase opportunities for joint planning by creating a county-wide standing committee with representation from appropriate social services and health care providers to address the effective delivery of community-based services (e.g., a subcommittee of the Kent County Emergency Needs Task Force).
- Explore case management options and shared case management across systems.
- Conduct outreach to elders, caregivers, and providers through diverse channels to improve knowledge of the available service and support resources.

Adequate, Sustainable and Diverse Funding

Goal 2

Assure adequate resources directed to maintaining quality of life for long-term living.

Objectives

- Encourage personal financial planning and increase awareness of payment options including reverse mortgage, long-term care insurance, and Medicaid.
- Advocate for Kent County Senior Millage funds that are adequate to meet the identified needs of older adults in Kent County.
- Expand state and federal public revenues that support a community-based service system.
- Develop capacity for non-profit service providers to diversify their funding, including collaborative public campaigns, development of income-generating products, etc.
- Advocate for comprehensive Medicare coverage to preserve personal income for purchase of community-based options not covered by insurance.
- Advocate for local foundations to provide long-term commitment to the work of Creating Community for a Lifetime and to give priority to the needs of older adults.

Customer Choice

Goal 3

Preserve independence through development of a service system that supports self determination and provides customer education, autonomy, and informed choice.

Objectives

- Create a process among service providers to develop a shared vision for a county service system that supports informed consumer choice.

Community-Based Services continued

- Create and offer consumer-directed service approaches.
- Increase opportunities for user feedback.

Evidence-Based Practices

Goal 4

Provide effective services, particularly prevention services, through use of scientifically-tested practices that have evidence-based support.

Objectives

- Educate service providers on the principles and use of evidence-based practice.
- Support service provider system capacity to identify, collect, analyze and use client outcome data for quality improvement.
- Maximize physical health through increased support and use of health prevention practices including such things as chronic disease management programs, fall prevention programs, etc.

Work Group

Co-Chairs

Tom Czerwinski ▪ Area Agency on Aging of Western Michigan
Andrew Zylstra ▪ Department of Human Services

Members

Nora Barkey ▪ Area Agency on Aging of Western Michigan
Bob Barnes ▪ Senior Neighbors
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Jan King Duncan ▪ Grand Rapids Public Housing
Lynette Dykhous ▪ Hope Care Services Staffing
Ron Hoort ▪ Elders Helpers
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Harold Mast ▪ Genesis Non-Profit Housing Corporation
Lesa Neinhuis ▪ Hope Network West Michigan
Karen Pakkala, ▪ Gentiva Health Services
Dave Paxton ▪ Priority Health
Bob Perl ▪ Clark Retirement Community
Vicki Pickel ▪ Kent County Department of Human Services
Gerri Roobol ▪ Spectrum Health Access Management
Sharon Symko ▪ Spectrum Health Access Management
Sharon Uherek ▪ Lutheran Social Services of Michigan
Beth Zeldes ▪ Senior Advisory Services

Transportation

Transportation recommendations seek to improve public, specialized and informal transportation services for older adults through expanded community partnerships and advocacy for increased public funding. They seek to make transportation options more accessible to older adults through user-friendly design, coordination of services, and education. They also support road design, car design, signage, lighting, driver training programs and other community efforts to improve driver, passenger and pedestrian safety.

Desired Outcome

Older adults have an array of transportation options that are safe and responsive to their needs and preferences.

Background

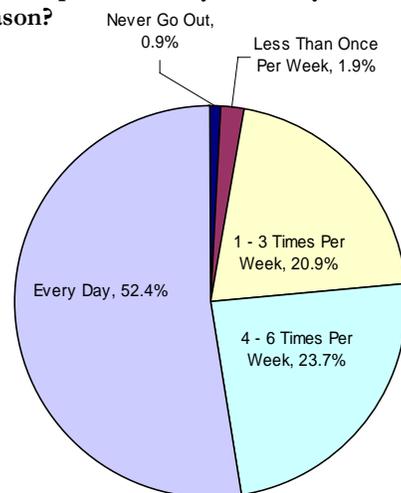
Mobility is critical to the well-being of older people. According to the California Policy Research Center:

Mobility means being able to reach a destination when one wants to; it also means being informed about available transportation services, knowing how and being able to use them, and having the means to pay for them...Shopping for daily necessities, maintaining relationships with family and friends, having easy access to health and dental care, and participating in cultural, recreational, and religious activities all require the ability to travel to a variety of destinations.¹²

The majority of older adults in Kent County generally are able to get to places they need to go. Ninety-eight percent use a car—and the vast majority of them (82%) drive themselves. Not surprisingly, as they age, fewer and fewer older adults drive: among those age 65-74, nine out of ten drive themselves; among those older than 85, just over half drive.

Only 4% of the county's elders reported using public transportation in the two months prior to the survey. Twenty-one percent say that they have no access to public transportation. Fifteen percent, more than 9,300 seniors, indicate that a lack of transportation sometimes prevents them from getting where they need to go. More than half of those persons say they don't go out at all due to lack of transportation. And twelve percent, more than 7,400 seniors, report a physical limitation that makes it difficult for

Exhibit 1 - Adults Age 65+: On average, about how many times per week do you leave your home for any reason?



Source: AdvantAge Initiative survey of Kent County 2004

¹² Martin Wachs. "Mobility for California's Aging Population," *CPRC Brief: Strategic Planning on Aging*, No. 6, May 2001, page 1. Berkeley, CA: The California Policy Research Center. Accessed April 25, 2005 from www.ucop.edu/cprc/pubsspsr.html#sb910.

them to travel outside the home. Fewer than 800 older adults in Kent County use special transportation services available to seniors.

According to most estimates, Kent County’s aging population will double in the next 30 years. Improving the transportation options available to older residents in Kent County will help many “age in place”—meeting their expressed desires and providing a cost-effective alternative to more formal systems of care.

Most People Get Where They Need to Go

In Kent County, an overwhelming majority of older adults say they get where they need to go. In fact, over half (32,568) of older adults in Kent County report leaving their home or apartment at least once a day. Only 3% of older adults (1,759) say they go out less than once per week.

The reason cited by all of those who could not get where they needed to go was that they did not have someone they could depend on for help.

Additionally, 15% (about 9,000 Kent County seniors) reported having a medical condition that makes travel difficult and 12% have reduced their travel because of their medical condition.

Modes of Transportation

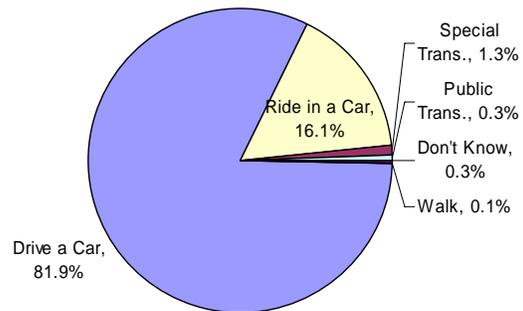
When Kent County’s older adults leave their home, they overwhelmingly do so by driving a car. They also often get a ride from family, friends, or neighbors. The tendency to drive a car decreases only slightly as age increases. Between the ages of 65-74, 9 out of 10 usually drive a car while 6 out of 10 adults age 85 or older usually drive a car. Also, men are more likely to drive a car than women.

Public Transportation: Underused and Frustrating

Despite the fact that 70% of elders in Kent County say public transportation is readily available, 28% identified it as a neighborhood problem and 9% says it’s a priority for community action.

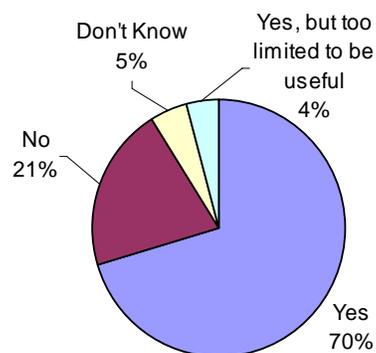
Nine percent say public transit is either too limited to be useful or believe it is not available at all. In addition, while 4% say

Exhibit 2 - Adults Age 65+: Means of Transportation Used Most Frequently



Source: AdvantAge Initiative Survey of Kent County 2004.

Exhibit 3 - Adults Age 65+: Access to Public Transportation



Source: AdvantAge Initiative Survey of Kent County 2004.

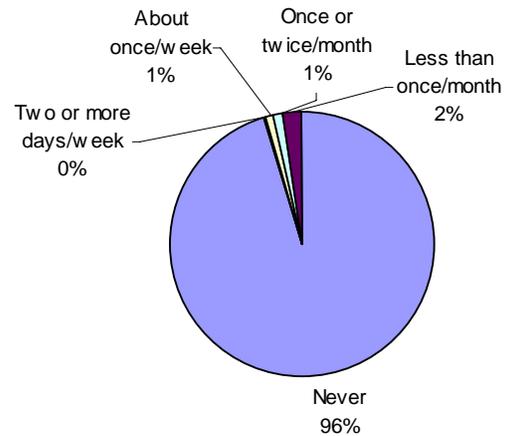
Transportation continued

they need help using public transportation, most of them do not get the help they need.

All of this may help explain how infrequently people use public transit. Less than 1% use it as their primary mode of transportation, though 2.6% do use it once or twice each month.

In addition to things like the Grand Rapids bus system—the Rapid—there are special transportation services available for seniors, but relatively few use those services for their usual trips. It's unclear why.

Exhibit 4 - Adults Age 65+: Frequency of Use of Public Transportation in the Past 2 Months



Source: AdvantAge Initiative Survey of Kent County 2004.

Recommendations

Access

Goal 1

Increase use of public fixed-route transportation.

Objectives

- Create a user-friendly system (benches, location of stops, clear usage information, accessible sidewalks, etc.).
- Expand the senior mentoring program (peer-to-peer support for bus use).
- Develop appropriate educational materials that identify all of the costs of driving (e.g., environmental, financial, etc.).
- Expand services region-wide.
- Educate potential riders on the safety of the public transportation system.

Goal 2

Improve usability and availability of specialized, point-to-point service programs such as the Go!Bus and other specialized and volunteer transportation programs.

Objectives

- Develop a single access system to increase efficiency and cost-effectiveness.
- Leverage technology and scheduling strategies to enhance efficiency and ease of use.
- Expand partnerships to include older providers and mental health providers.
- Explore adding hospital and assisted living facility vehicles to a coordinated single access effort.

Goal 3

Support informal transportation options.

Objectives

- Increase efforts to enhance volunteer driver programs such as those available through the Senior Volunteer Program, Red Cross, and Senior Neighbors.
- Explore the creation of a voucher program that supports consumer involvement in securing transportation and provides incentives for volunteer drivers.
- Support and encourage continuing assistance from family and friends.
- Explore expanding participation in this effort by churches and religious communities in a manner similar to their support of the food pantry system.

Partnership and Advocacy

Goal 4

Improve transportation options through partnerships and advocacy.

Objectives

- Link advocates and older adult programs to transportation advocacy efforts such as Concerned Citizens for Improved Transportation, Emergency Needs Task Force Transportation Subcommittee and Faith in Motion.
- Advocate to local, state, and federal policy makers for increased public funding for public transportation through focused campaigns (e.g., identify and highlight development issues that impact transportation costs and use such as the proximity of health providers, housing and shopping services to available services and the walkability of local communities).

Drivers' Safety

Goal 5

Protect older adults and the community from driving injuries and accidents.

Objective

- Support efforts to improve driver, passenger and pedestrian safety through effective road design, car design, signage, lighting, and driver training programs.

Work Group

During the winter and spring 2005, the Transportation Subcommittee of the Kent County Emergency Needs Task Force (ENTF) devoted significant time during their monthly meetings to study and analysis of the Transportation issue area for Creating Community for a Lifetime (CCFL). Members offered insights into the AdvantAge Initiative Survey of Older Adults in Kent County findings, considered best practices, and developed the CCFL Transportation recommendations. The Kent County ENTF includes more than 100 non-profits, governmental and faith-based organizations, funders and concerned volunteers who work together to address our citizens' basic needs. The ENTF monitors basic service systems in Kent County, such as food, shelter, utilities and transportation.

Co-Chairs

Dave Bulkowski ▪ Disability Advocates of West Michigan
Sue Sefton ▪ Kent County Health Department

Members

Charis Austin ▪ Association for the Blind and Visually Impaired
Nora Barkey ▪ Area Agency on Aging of Western Michigan
Sharon Killebrew Boyce ▪ Area Agency on Aging of Western Michigan
Teresa Branson ▪ Task Force for Health Care for People of Color
Candace Cowling ▪ Child & Family Resource Council
Jim Fetzer ▪ Interurban Transit Partnership/The Rapid

Transportation continued

Shawn Fleet ▪ Spectrum Health Now Program
Sherrie Gillespie ▪ Area Community Services Employment & Training Council (ACSET)
Dan Gowdy ▪ Hope Network/North Kent Transit
Lolita Hunt ▪ Touchstone Innovare
Debbie Jones ▪ Red Cross Transportation
Jennifer Kalczuk ▪ Interurban Transit Partnership/The Rapid
Kathy Lachniet ▪ Kent County Dept. of Human Services
Morgan Lambert ▪ Area Agency on Aging of West Michigan
Kate Luckert ▪ Grand Rapids Community Foundation
Bob McKown ▪ United Way's 2-1-1
Golan Murshed ▪ Interurban Transit Partnership/The Rapid
Tom Oosterbaan ▪ Senior Neighbors
David Schroeder ▪ Heart of West Michigan United Way
Tony Slaughter ▪ Red Cross Transportation
Kevin Wisselink ▪ Interurban Transit Partnership/The Rapid
Mary Ann Young ▪ Interurban Transit Partnership/The Rapid

An elder-friendly community... **Promotes Social and Civic Engagement**

The Vision

Ageism is a thing of the past. Older adults feel welcome and valued, and participate fully in the life of the community. They remain active in their neighborhoods, communities and beyond, with their roles ranging from neighborhood sage to problem-solvers and social innovators. They avail themselves of an array of social, educational and employment opportunities, according to their needs and preferences.

Desired Outcome

Plentiful and diverse opportunities are available for older adults to remain fully engaged and make meaningful contributions to their communities.

Background

Older Americans represent a vast—but largely untapped—resource for strengthening communities, according to Marc Freedman, an expert on volunteerism and the aging of America. Freedman says older adults offer a unique combination of invaluable experience, the desire to make a meaningful contribution, and what others in society desperately lack—time. Yet he contends that most communities fail to take advantage of this important social asset because they lack the systems to support a new vision of aging.

Freedman points to research showing that many older Americans want to be more involved and that their involvement offers both individual and community benefits: older people remain physically and mentally fit longer when they participate in their communities, and communities gain valuable resources for addressing social issues when older people engage in volunteer work.

The vast majority (93%) of older adults in Kent County regularly socialize with friends, attend religious services or participate in cultural activities. Nearly half volunteer—contributing more than 8 million hours of services each year. And, although only 15% of Kent County elders today work for pay, most research indicates that a higher proportion of baby boomers expect to work well into their “retirement years.” Whether it’s through paid employment, community service, informal relationships or active civic engagement, it’s clear that older adults in Kent County constitute an immeasurable resource with the potential to play a vital role in improving the quality of community life.

According to most estimates, Kent County’s aging population will double in the next 30 years. An older Kent County does not have to be a burden to families, human services, or the health care system. “Rather, this impending transformation may well be a solution waiting to happen—a vast windfall for our communities, and the spearhead for a new era of individual and social renewal,” says Marc Freedman.

A Volunteer Workforce

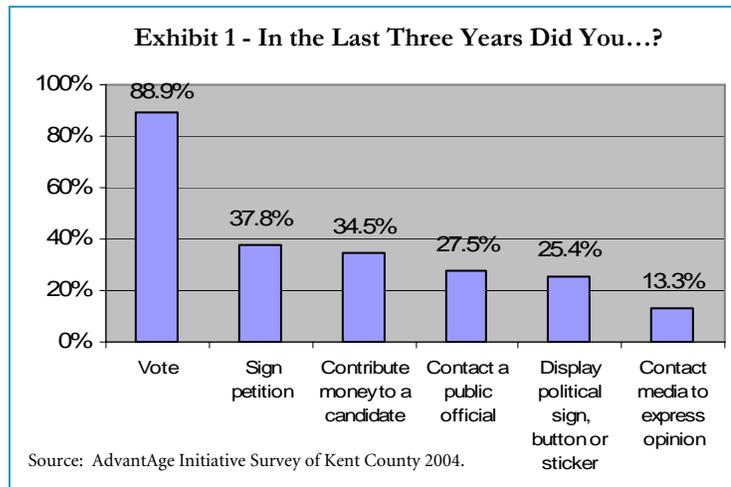
Kent County elders are more likely than those in other communities to volunteer. While 42% of older adults in Kent County volunteer, nationally only 36% do so.¹³

Of those who volunteer in Kent County:

- About a third (32%) donate their time to religious groups.
- About one in ten visit the sick or work in hospitals (12%), provide services for seniors (9%), do favors/chores for family and friends (9%), provide educational assistance (9%), or work with private organizations (9%).
- Other significant volunteer activities include working with kids (8%), providing driver or delivery services (7%), working in civic/social organizations (7%), and in philanthropy, museums or libraries (8%).

Older volunteers in Kent County devote a substantial amount of time each week to their cause. Among those who volunteer:

- 39.6% spend five or more hours per week in volunteer activities.
- 49% contribute less than five hours per week.
- 11.4% weren't sure how many hours a week they volunteer.

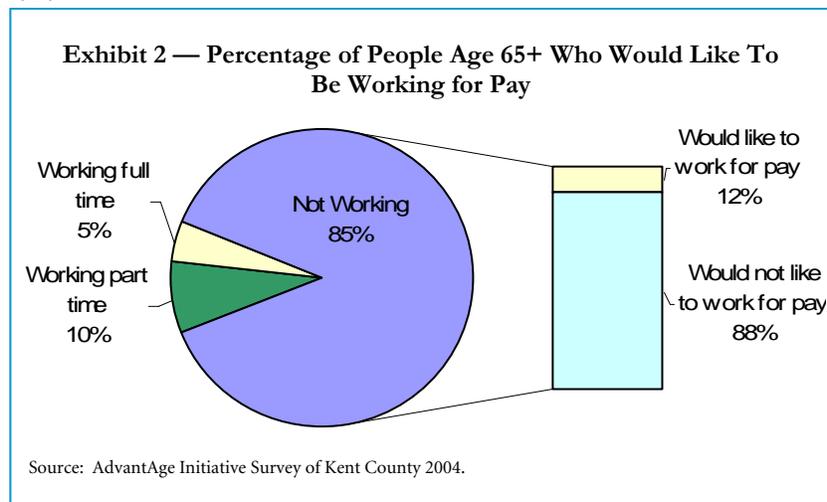


Political Voice

Another way for older adults to be active in community is by expressing their opinions. Nearly 9 out of 10 of Kent County's older adults reported voting in the past three years. More than 1 in 3 signed a petition or contacted a public official to express an opinion.

Few Elders Work for Pay – And Most Like It That Way!

Overall, only a small proportion of older adults in Kent County work full time (5%) or part time (10%)—about the same as national figures. The vast majority (85%) do not work for pay and



¹³ Feldman, Penny H., Mia R. Oberlink, Elizabeth Simantov, and Michael G. Gursen (April 2004). *A tale of two older Americas: Community opportunities and challenges*. Report on the 2003 national survey of adults aged 65 and older. New York: Center for Home Care Policy & Research, Visiting Nurse Service of New York, page 8. Retrieved March 2, 2005 from www.vnsny.org/advantage/survey.html#survey.

are not interested in working for pay. Only 12% of the non-working elders in Kent County would like to work for pay—fewer than found in other communities surveyed (14% - 33%) and nationally (24%).

Despite Involvement, Isolation Still a Problem for Some

A number of responses indicate that social isolation can be a significant problem for older adults in Kent County.

- Over 18% would like to be more socially active.
- A quarter did not socialize with friends or neighbors in the past week.
- More than one in five say they have no close friends in their neighborhood.
- Nearly half don't get out of the house every day.

Issue Areas

Creating Community for a Lifetime addressed three issue areas in developing recommendations for achieving the vision of a community that promotes social and civic engagement:

- **Connections and Contributions**
- **Lifelong Learning**
- **Employment**

Connections and Contributions

The Connections and Contributions issue area focuses on building an infrastructure to enable older adults to make meaningful voluntary contributions to their communities. It includes everything from fostering social connections and informal contributions at the neighborhood and community level to restructuring volunteer roles, exploring innovative incentive practices, and expanding volunteer management capacity in the community.

Recommendations

Connections and Contributions

Goal 1

Increase the number of older adults involved in formal and informal volunteer activities.

Objectives

- Increase access to information about volunteer opportunities including providing such information as part of retirement planning.
- Develop new volunteer opportunities so that everyone, regardless of condition or resources, can contribute, since research shows that engagement rates drop among persons with poor health, but that remaining engaged improves health.
- Develop new volunteer opportunities that build on current research about volunteer preferences for such elements as flexibility, episodic or time limited projects, and the desire for skill development.
- Develop or expand new volunteer roles, such as the health peer leader model.
- Strengthen understanding and use of incentives for volunteers such as the social components of programs and community recognition.
- Expand volunteer management capacity:
 - Increase support from agency leaders
 - Provide skill development opportunities for volunteer coordinators
 - Collaborate with organizations such as the Volunteer Management Association
 - Increase funding.

Goal 2

Increase civic involvement of older adults in efforts to improve the quality of life in Kent County.

Objectives

- Develop more opportunities for older adults to help meet community needs by serving with a broad range of organizations.
- Encourage local policy and planning bodies to have representation from all population groups including older adults.

- Recruit additional older persons to become active with advocacy groups such as the Advocates for Senior Issues.

Goal 3

Develop a social marketing campaign/communication plan that confronts aging stereotypes and promotes a culture of engagement, vitality and activity based on contributions of older adults.

Goal 4

Foster meaningful connections with family, neighbors and friends and increase awareness of mutual assistance that occurs between generations.

Objectives

- Promote contacts between isolated older persons and members of the community through organizations such as senior centers, churches and neighborhood associations.
- Increase community awareness and understanding of informal contributions of older adults (e.g., as family and friend caregivers or as grandparents raising grandchildren).

Lifelong Learning

The Lifelong Learning issue area focuses on building an integrated lifelong learning system that expands opportunities for older adults to engage in learning opportunities that are responsive to their interests, learning styles and needs.

Recommendations

Lifelong Learning

Goal 5

Increase learning opportunities for older adults.

Objectives

- Increase availability of life transitions/retirement planning by offering a program of self assessment and information that can be delivered by multiple agencies. Use a peer leader approach.
- Increase the number of topics, venues and styles of educational programs available including topics on local community needs, personal creativity, long term care planning, healthy activity, chronic disease management, caregiving skills, grandparenting skills etc.

Goal 6

Increase collaboration among existing providers of older adult education.

Objectives

- Increase input from older adults in the educational offerings through participation in such things as program planning, topic selection, promotion, teaching.
- Develop a shared planning process to identify programming gaps, instructor availability, and strategies for reaching populations with less formal education and/or not served by current programs.
- Build a process to share promotion of educational opportunities through such things as a joint calendar.

Employment

The Employment issue area focuses on promoting meaningful employment opportunities for older adults by supporting employers in their efforts to design positions to address the needs and preferences of older workers, as well as providing increased access to job training opportunities.

Recommendations

Employment

Goal 7

Provide opportunities for meaningful work for older adults.

Objectives

- Increase communication between aging service providers and employers to share information about the benefits of an older work force and ways employers can manage a workforce of diverse ages.
- Increase the number of employers offering flexible work schedules, health benefits, new career choices, and other benefits that older adults seek.

Goal 8

Increase older adults' work-related skills through training.

Objectives

- Expand job training opportunities for older adults including offering assistance in adjusting to new technologies.
- Increase the enrollment of older adults in training programs such as the Michigan Works Service Centers and the Senior Community Service and Employment Program (SCSEP).

Work Group

Co-Chairs

Beverly Drake ▪ Area Community Services Employment and Training Council
Priscilla Kimboko, Ph.D. ▪ Grand Valley State University

Members

Emilie Azkoul ▪ St. Mary's Health Care
Nora Barkey ▪ Area Agency on Aging of Western Michigan
Ginni Blanchard ▪ RSVP Senior Neighbors
Ralph Dick ▪ Calvin Academy of Continued Learning (CALL)
Sylvia Hopson ▪ Area Community Services Employment & Training Council (ACSET)
Jacquie Karr-Zlotnickie ▪ Holland Home

Helen Kinsworthy ▪ Senior Leadership-Grand Rapids Community College
Julie Lake ▪ Brookcrest
Kate Luckert ▪ Grand Rapids Community Foundation
Susan Morales-Barias ▪ Heart of West Michigan United Way
Alice O'Connor ▪ Senior Leadership-Grand Rapids Community College
Judy Palmer ▪ Grand Forum-Grand Valley State University
Bob Perl ▪ Clark Retirement Community
Sandy Purcell ▪ AARP
Carol Rienstra ▪ Calvin Academy of Continued Learning (CALL)
Jan Rosochacki ▪ Grand Rapids Home for the Veterans
Deb Snow ▪ Advocates for Seniors
Tolly Stiffler ▪ Senior Leadership Grand Rapids
Mary Jean Waddell ▪ Calvin Academy of Continued Learning (CALL)
Ingrid Weaver ▪ Porter Hills Retirement Community
Beth Zeldes ▪ Senior Advisory Services



Next Steps

Creating Community for a Lifetime has built community consensus around a vision for an elder-friendly community and a roadmap for moving forward to achieve the vision. What will it take to move from recommendations to implementation—to turn ideas into reality?

Critical next steps include:

- **Advocacy and education** to build individual and organizational awareness of and support for the overall vision for an elder-friendly community and the recommendations for achieving the vision
- **A planning infrastructure**—with older people taking the lead—to guide the community’s work, providing a way for individuals, neighborhoods, formal and informal networks, government, businesses and other organizations to coordinate their efforts in creating an elder-friendly community
- **Systems change** to move from the current situation—a system that many find fragmented and difficult to understand and access—to a cohesive, user-friendly system. This will require fresh ways of thinking and acting, collaborations across systems and sectors, respect for research-based practices and a willingness to experiment, and much more, always keeping in the forefront the best interests of the older adult and the community.

Creating an elder-friendly community will require organizations from throughout the community to identify their niches—the resources and competencies they can leverage to contribute to this important work. Equally important will be the energy, talent, and commitment of individuals of all ages and from all sectors of the community.

Joining organizational and individual strengths, we can build a system that supports the successful aging of all older adults, from the frail and isolated to the active, healthy and mobile. In doing so, we will minimize the human and financial costs of aging while maximizing the potential for addressing broad community issues—thereby creating a true community for a lifetime.

To learn more about Creating Community for a Lifetime and the role you can play, check the initiative website, www.community4alifetime.org, or contact the Area Agency on Aging of Western Michigan at (616) 456-5664 or Grand Rapids Community Foundation at (616) 454-1751.

Appendices

About Creating Community for a Lifetime

Mission

Creating Community for a Lifetime seeks to develop a community that promotes quality of life, independence and choice for older persons and all residents of Kent County through collaborative planning and community action.

Vision

Kent County will be an elder-friendly community that addresses basic needs, optimizes physical and mental health and well-being, maximizes independence, and promotes social and civic engagement.

Guiding Principles

- We promote a holistic, successful aging perspective in the community.
- We increase community capacity for successful aging through an empowerment model.
- We support continuous community learning regarding successful aging.

Role

Creating Community for a Lifetime (CCFL) is an independent coalition convened in 2004 to explore ideas about what constitutes an elder-friendly community and to articulate a shared vision for Kent County. The role of the CCFL initiative is to:

- Mobilize civic leadership
- Leverage resources to support improvements
- Support research and development of best practices
- Advocate for policy change with key local, state and federal policymakers
- Facilitate a community agenda for addressing an aging community
- Convene potential partners working on CCFL strategies and recommendations
- Monitor community progress in becoming more elder-friendly
- Review progress on each strategy.

Phase I: *Community Learning and Information-Gathering and Analysis*

CCFL participants explored their own attitudes toward aging, new learning about aging, and opportunities the aging boom presents. They studied national data, learned about innovative programs in other communities, and examined best practices in building elder-friendly communities.

In 2004 CCFL sponsored a comprehensive survey of older adults in Kent County. The survey, conducted in collaboration with the national AdvantAge Initiative, provides a data snapshot of how well older adults are faring in their communities. Two reports—*Creating Community for a Lifetime: Planning for an Elder-Friendly Community in Kent County* and *Kent County AdvantAge Initiative: 2004 Survey Results* (www.community4alifetime.org/researchandreports.php)—summarize the results.

Phase II: *Creating the Vision and Roadmap*

Based on the survey findings, work groups were formed in 2005 to develop recommendations in each of eight issue areas, including:

- Access to affordable health care
- Awareness of services
- Caregiving
- Community-based services
- Housing
- Physical activity and nutrition
- Social and civic engagement
- Transportation

Together, the work group recommendations form the vision for an elder-friendly community and the roadmap for moving forward to achieve that vision.

www.community4alifetime.org

Data Sheets: 2004 CCFL/AdvantAge Initiative Survey Results

Following are eight Data Sheets which summarize by issue area the findings of the 2004 CCFL/ AdvantAge Initiative survey of older adults in Kent County, Michigan. The full survey results are available at www.community4alifetime.org/researchandreports.php.

ACCESS TO HEALTH CARE FOR OLDER ADULTS IN KENT COUNTY

CREATING COMMUNITY FOR A LIFETIME... Planning for an elder-friendly community in Kent County

ELDERS ARE LIVING LONGER BUT ARE ENOUGH LIVING WELL?

Americans are living significantly longer lives than ever, in no small part due to preventive efforts that have reduced the number of deaths from heart disease and stroke. With increasing longevity, a growing number of elderly are experiencing chronic disease and disability during their “extra” years of life. Clearly, lifestyle changes and emphasis on preventive health care could reverse this trend. Prevention and early detection not only grant more elders the opportunity to remain active longer, these strategies present cost-effective community approaches to addressing the health care needs of the fastest-growing segment of our population – those more than 85 years old.

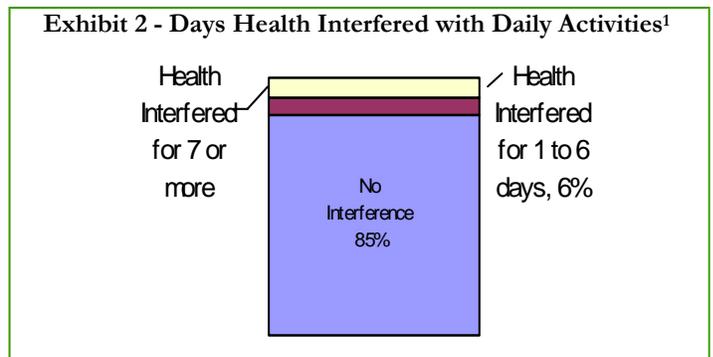
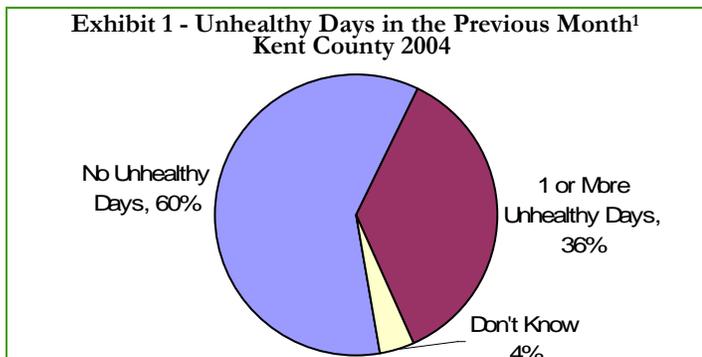
Although prevention and early detection efforts in Kent County are reaching many elders, more robust efforts are needed. Nearly one in four (22%) older Kent County residents describes his or her health as fair or poor. More than one-third (36%) say they’ve had one or more unhealthy days in the previous month – and in 14%, their physical or mental health interfered with their normal, everyday activities. Eight percent – nearly 5,000 elders – say they need professional help to address depression or anxiety, but over a third of those have not gotten the help they need. Nor are Kent County elders fully accessing basic Medicare-covered preventive measures such as flu shots, PSA tests for prostate cancer, mammograms, and bone density tests. Access to vaccinations and screenings varies significantly by race, gender, education level and other demographic characteristics of Kent County elders.

An overwhelming proportion of Kent County elders (97%) say they have a regular source of health care, with 89% saying they have a private doctor and almost all (97%) who needed medical care in the last year indicating that they had obtained it and had no trouble paying for it. However, low income elders, minorities, and those who have restrictions on their everyday activities (ADLs and/or IADLs) are significantly more likely than their counterparts to have had problems paying for medication and other health care needs.

An elder-friendly community reaches out to older residents to raise their awareness about the benefits of preventive medical care and facilitates access to medical care in the community.

UNHEALTHY DAYS

More than one-third of Kent County elders – approximately 22,500 people – reported that their physical or mental health was not good for one or more days in the previous month. Fourteen percent – 8,700 older adults – were unable to go about their normal daily activities as a result of poor mental or physical health. And for over 5,000 elders, poor health interfered with their daily activities for seven or more days in the previous month.



GAPS IN PREVENTATIVE CARE

Immunizing against disease and early detection of health problems are key strategies for maintaining health, function and well-being as people age.

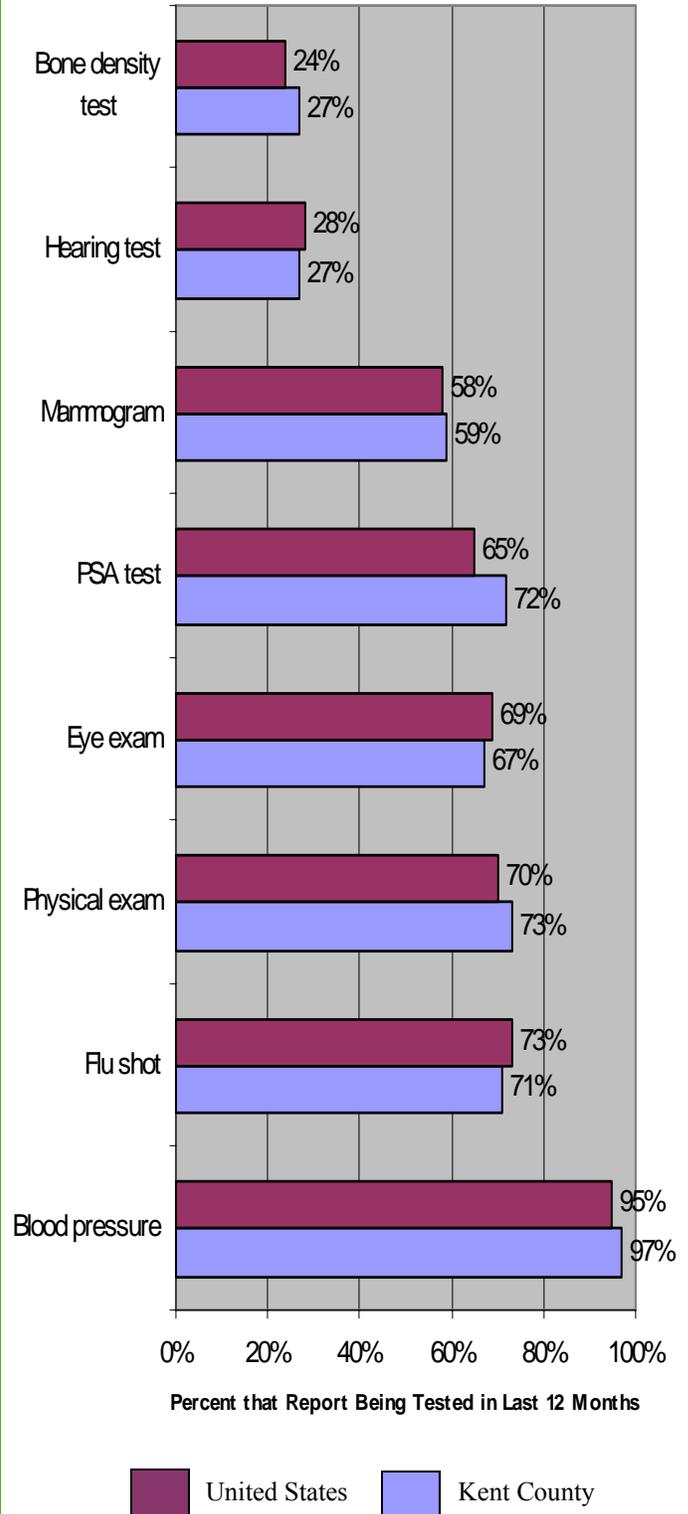
Although nearly all Kent County elders have had a blood pressure check in the last year, a surprisingly large proportion have *not* had many of the Medicare-covered preventive health services such as bone density screenings (70%), mammograms (40%), and PSA tests for prostate cancer (27%).

Despite public awareness campaigns, full Medicare coverage for the flu vaccine, and more than 35,000 U.S. deaths from flu each year, 29% of Kent County elders – more than 17,800 older adults – did not get a flu shot in the past year. Kent County residents with less education, those aged 65-74, and White elders were least likely to get their flu shot last year.

Disparities also occur in access to physical exams, prostate cancer screenings, mammograms and hearing tests:

- *Physical exams:* Lower income elders, women, those with limitations on their everyday activities and those with less education were least likely to have had a physical exam last year.
- *Prostate cancer screening:* Minority male elders, those aged 65-74, those with less education, and those who describe themselves as being in good health were least likely to have been screened for prostate cancer last year.
- *Mammograms:* Women aged 75 to 84, those with low incomes, less education, one or more limitations on everyday activities and who consider their health poor were least likely to have had a mammogram last year.
- *Hearing test:* White women aged 65-74 who consider themselves in good health were least likely to have had a hearing test last year.

Exhibit 3 - Rates of Vaccination and Screening² for Various Conditions, Kent County & United States, 2004



MOST ELDERS SUFFERING FROM DEPRESSION OR ANXIETY ARE NOT GETTING THE HELP THEY NEED

Depression in older adults is an important indicator of general well-being and mental health; in fact, higher levels of depression are associated with higher rates of physical illness, greater functional disability, and higher health care costs. Nearly 5,000 Kent County elders report needing the help of a health care professional because of depression or anxiety. Over 1/3 of them have not gotten the help they need. Most likely, these numbers are low, as experience shows that people tend to under-report their need for mental health assistance.

People 85 years old and over, women, those less educated, and those who live alone are only slightly more likely to say they need professional help for depression or anxiety. But the prevalence of these issues varies by other characteristics. For example, Kent County elders reporting that they need help include:

- Twice as many with limitations on their activities of daily living (ADLs or IADLs) as those without limitations
- Significantly more low income elders
- Three times as many older adults with friends in the neighborhood than those without neighborhood friends.
- Three times as many older adults with friends in the neighborhood than those without neighborhood friends.

Exhibit 4 - Elders Needing Help for Depression or Anxiety Kent County 2004

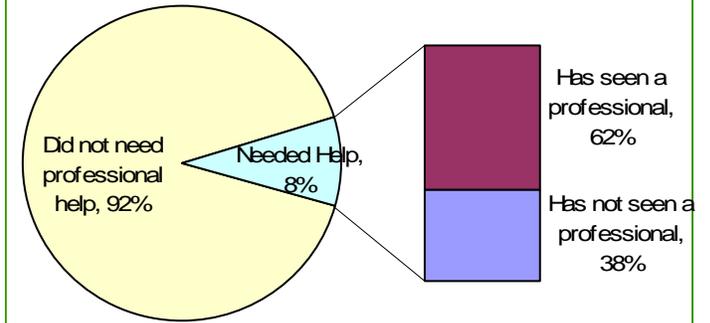
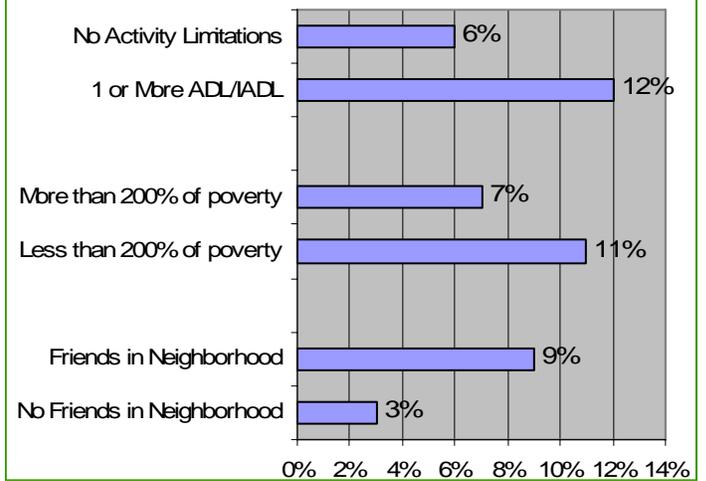


Exhibit 5 - Elders Needing Help for Depression or Anxiety By Demographics, Kent County 2004



ELDERS ACROSS THE BOARD HAVE A REGULAR SOURCE OF CARE...

A full 97% of Kent County elders report having a place that they usually go when they are sick or need advice about their health – and the proportions are fairly stable regardless of demographic differences. The majority of elders in the U.S. go to a private doctor for regular care; in Kent County, 89% identified a private doctor as their regular source of care: 90% of older women and 88% of older men. Six percent – about 3,800 elders in Kent County – rely on clinics and health centers.

Exhibit 6 - Elders with a Regular Source of Health Care Kent County 2004

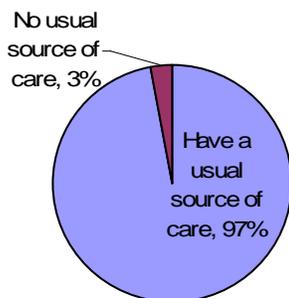
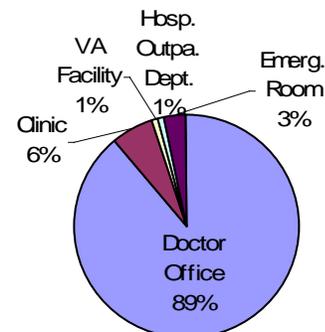


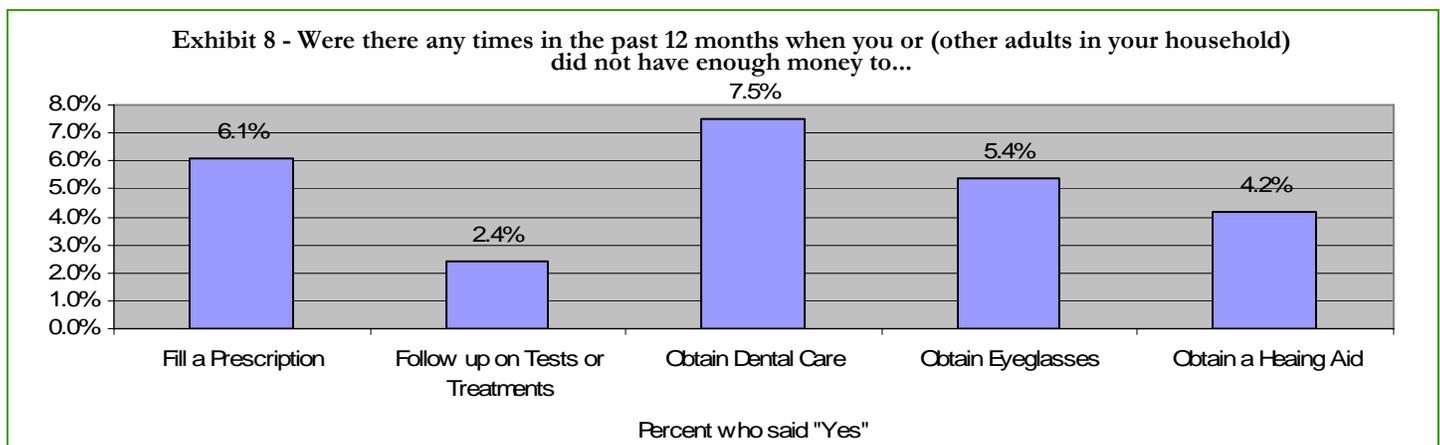
Exhibit 7 - Regular Source of Health Care



... BUT DISPARITIES EXIST IN ABILITY TO PAY

A small proportion of older adults in Kent County (2%) report problems paying for health care needs. However, 5-8% – 3,000 to 5,000 elders – had a time in the past twelve months when they did not have enough money to fill a prescription or pay for dental care or eyeglasses and significant disparities exist by demographics. For example, those having trouble paying for:

- *Prescriptions* are three times as likely to be low income and twice as likely to be minorities and/or have limitations on their everyday activities. Those age 65 to 74 are seven times as likely as those 85 or more to have trouble paying for prescriptions.
- *Dental care* are six times as likely to be low income, five times as likely to be women and/or have restrictions on their everyday activities, three times as likely to be a minority, and twice as likely to be in poor health. Those between the ages of 75 and 84 are twice as likely as those age 85 or more to have trouble paying for dental care.
- *Eyeglasses* are six times as likely to be low income and twice as likely to be a minority, have less education, and/or restrictions on everyday activities. People age 85 or more are eight times as likely as those age 75-84 to have trouble paying for eyeglasses.



IT'S OUR FUTURE!

Today, one in ten Kent County residents – 62,102 people – is 65 or over. Most experts agree that, within the next 30 years, that number will double to nearly 125,000. Creating Community for a Lifetime is planning *today* so that the older adults of tomorrow will fully access health care services that can help them remain healthy and active as long as possible.

Creating Community for a Lifetime is a Kent County initiative seeking to build a framework for long-term planning to address the challenges and opportunities presented by an aging community. Lead partners are the Area Agency on Aging of Western Michigan and the Grand Rapids Community Foundation.

Information in this Data Sheet is derived from a 2004 AdvantAge Initiative (AI) survey of Kent County residents 65 or older. This survey provides an opportunity to compare local findings with results from AI Surveys conducted in other communities as well as nationally. Analysis of Kent County survey results was provided by the Community Research Institute at the Dorothy A. Johnson Center for Philanthropy, Grand Valley State University.

For more information about *Creating Community for a Lifetime* or a summary of the full AI survey results for Kent County, see www.community4alifetime.org.

For more information about the *AdvantAge Initiative*, see www.vnsny.org/advantage.

¹ The number of "unhealthy days" is based on a summary index from two questions: 1) "Now, thinking about your physical health, which includes physical illness and injury, for how many days in the past 30 days was your physical health not good?" and 2) "Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" People who had one or more "unhealthy" days were asked, "During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self care, work, or recreation?" Percentages may not add up to 100% due to rounding and/or missing information.

² People were asked whether they had had any of the preventive measures or tests in the past 12 months.

AWARENESS OF SERVICES FOR OLDER ADULTS IN KENT COUNTY

CREATING COMMUNITY FOR A LIFETIME... Planning for an elder-friendly community in Kent County

AWARENESS OF SERVICES WEAKEST AMONG THE MOST VULNERABLE

Linking older adults with a daily nutritious meal, home repair service or other supportive services as their needs change can mean the difference between their ability to age in place and the costly and often disruptive option of moving to a long term care facility. Although older adults in Kent County generally demonstrate a high level of awareness of supportive services available in their community, several of the most vulnerable groups are far less likely to know about them and too many elders (26%) simply do not know whom to call for information about supportive services.

An elder-friendly community enables older adults to age in place if they want to by linking them to supportive services to accommodate their changing needs.

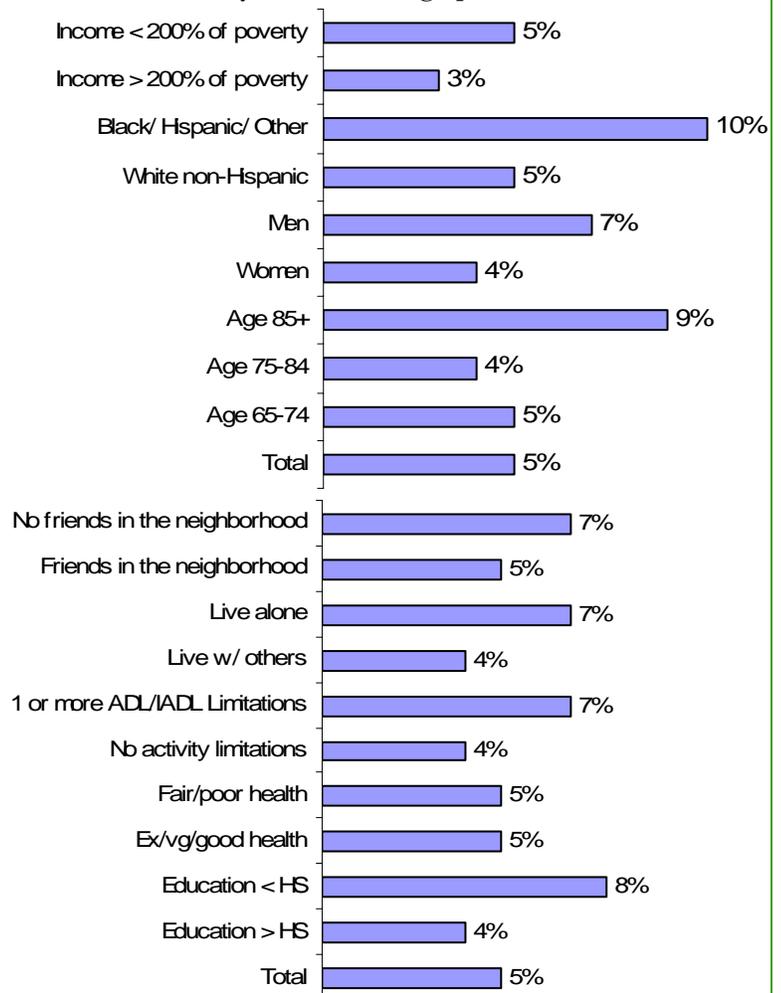
AWARENESS OF SERVICES IS GENERALLY HIGH...

One in four Kent County elders need assistance with daily activities. One in five say their health is fair or poor. In general, older adults in Kent County seem to be very aware of the multiple services available to help them meet their needs: hospice (90%), senior centers (87%), meals on wheels (86%), visiting nurses (85%), food pantry (81%), food stamps (81%), special transportation (80%), home health aides (79%), lifelong learning (75%), congregate meals (74%) and homemaker services (74%). The services they are least familiar with include respite (59%), home repair (56%) and senior volunteer services (55%).

... BUT LOWER AMONG SPECIFIC POPULATIONS

Many of the elders who are least aware of services in Kent County are those who tend to be hardest to reach: low income and less educated elders, those who live alone, racial and ethnic minorities, and those with activity limitations – as well as older men and people 85 year or more in age.

Exhibit 1—Percentage Who are Unaware of Services by selected demographics



Margin of Error ranges from 4.5% - 20% depending on sample size

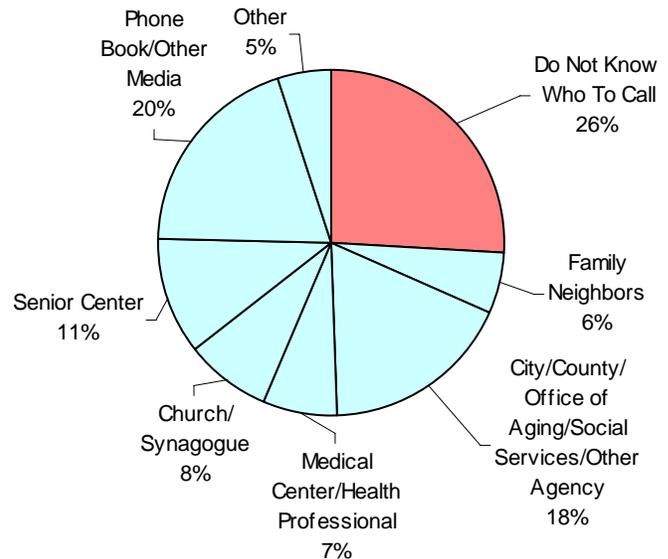
KNOWING WHOM TO CALL FOR INFORMATION ABOUT SERVICES

Most older adults in Kent County know where to get information about supportive services. However, a full 26% of Kent County elders cannot name a trusted source of such information in their community, compared to 20%¹ nationally. One third of all low income elders in Kent County don't know whom to call.

Older adults in Kent County are most likely to look in the phone book (20%) or turn to public or non-profit social service agencies (18%) for information about supportive services. Nationally, 16% of older adults see medical centers or medical professionals as a good source of information about services; in Kent County, that figure is only 7%.

Older adults – and people of all ages – need more than simply a list of organizations who may be able to help. They often need help understanding which service is the best match for them and how they go about deciding which kind of service to seek. Truly effective information and referral systems must build in assessment of needs, initial screening for eligibility, problem-solving and consultation to help link their clients to appropriate services.

Exhibit 2—Not Knowing Who to Call
(Percentage of People Age 65+ Who Do Not Know Who To Call for Information About Supportive Services)
Kent County 2004



IT'S OUR FUTURE!

Today, one in ten Kent County residents – 62,102 people – is 65 or over. Most experts agree that, within the next 30 years, that number will double to nearly 125,000. Creating Community for a Lifetime is planning *today* so that the older adults of *tomorrow* will have access to a broad supportive network that is flexible enough to meet the different needs of different individuals.

Creating Community for a Lifetime is a Kent County initiative seeking to build a framework for long-term planning to address the challenges and opportunities presented by an aging community. Lead partners are the Area Agency on Aging of Western Michigan and the Grand Rapids Community Foundation.

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For more information about the *AdvantAge Initiative*, see www.vnsny.org/advantage.

¹ Feldman, Penny H., Mia R. Oberlink, Elizabeth Simantov, and Michael G. Gursen (April 2004). A tale of two older Americas: Community opportunities and challenges. Report on the 2003 national survey of adults aged 65 and older. New York: Center for Home Care Policy & Research, Visiting Nurse Service of New York, page 8. Retrieved March 2, 2005 from www.vnsny.org/advantage/survey.html#survey.

CAREGIVING FOR OLDER ADULTS IN KENT COUNTY

CREATING COMMUNITY FOR A LIFETIME... Planning for an elder-friendly community in Kent County

OLDER ADULTS CARE FOR OTHERS—BUT DO THEY GET THE CARE THEY NEED?

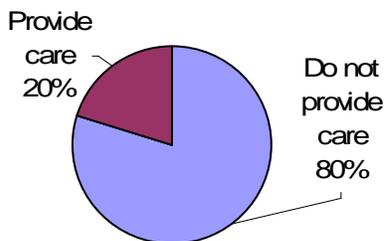
One in five older adults in Kent County provides regular help or care to a family member, friend or neighbor who is unable to do some things for themselves due to sickness or disability. One-fourth of these unpaid caregivers say they get no respite from these responsibilities. And when the tables are turned and older adults in Kent County need this kind of informal caregiving support for an extended period of time, nearly a third say they don't know of anyone who could provide it.

An elder-friendly community recognizes, values and supports the contributions that older adults make to caring for others.

OLDER ADULTS AS CAREGIVERS IN KENT COUNTY

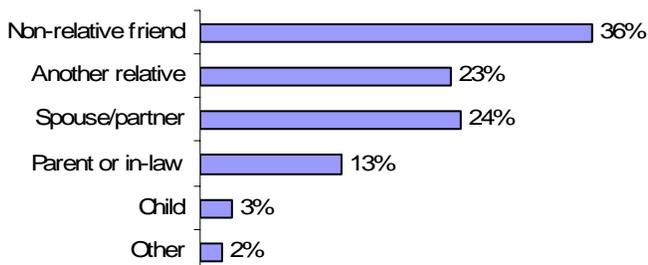
More than 12,600 older adults make up a significant informal network of support for the frail and disabled in Kent County (Exhibit 1).

Exhibit 1 - Percent of People Age 65+ who Provide Help to the Frail or Disabled
Kent County AdvantAge Initiative 2004



Although most provide caregiving for relatives, a full 36 percent regularly help their neighbors and friends with activities they are unable to do themselves due to sickness or disability (Exhibit 2).

Exhibit 2 - Relationship of Caregivers to Care Recipients

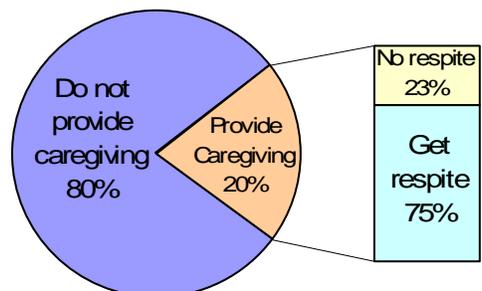


Older caregivers dedicate a substantial number of hours each week to helping their family or friends. Among those who provide care:

- 18% devote more than 10 hours per week
- 23% four to ten hours
- 34% one to three hours
- 25% could not assess how many hours they spend on caregiving.

The mean number of hours of those who provide caregiving is 19.8 hours per week. That means that older adults in Kent County are providing about 250,000 hours of care per week to family and friends – unpaid and, for one in four of these caregivers in Kent County, without respite (Exhibit 3). The fact that nearly 80% of the older adult caregivers in Kent County have been providing this help for a year or more underscores the importance of ensuring that they themselves have access to respite and a formal system of support.

Exhibit 3 - Percentage of People Age 65+ who get Respite/Relief from their Caregiving Activities.



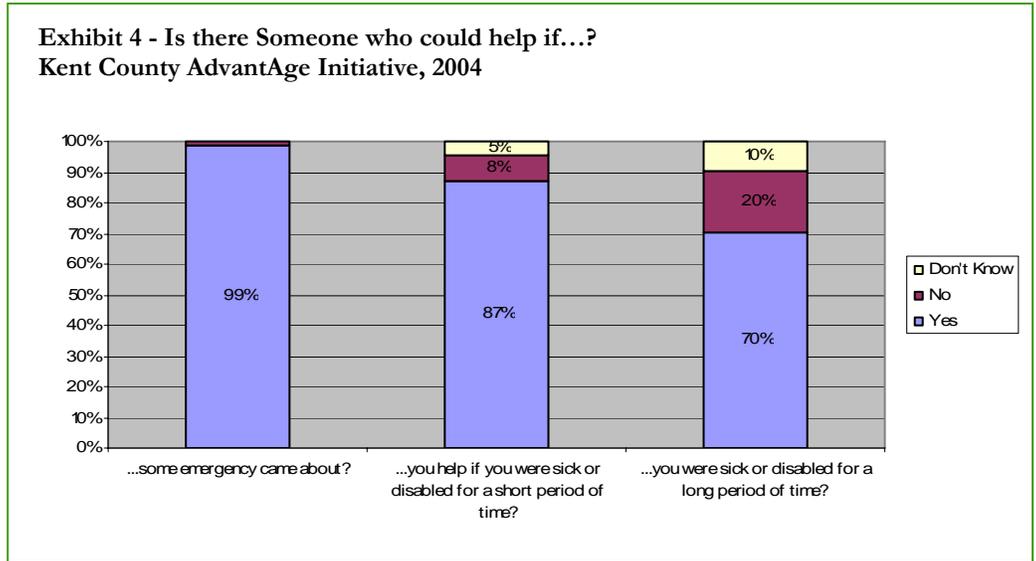
FORMAL SUPPORT FOR OLDER ADULTS PROVIDING CARE

Why are one in four older adult caregivers not getting respite from their responsibilities? It could be that they are not familiar with community services: among all of the older adults in Kent County who were surveyed:

- 41% did not know if respite services were available in Kent County
- 15% did not know if a visiting nurse was available
- 21% did not know if a home health aide was available.

DOES THE INFORMAL SUPPORT SYSTEM WORK FOR EVERYONE?

Nearly all (99%) of Kent County seniors reported having someone they could contact at any time of the day or night if an emergency situation arose (Exhibit 4). That number falls to 87% when Kent County's older adults are asked if they feel they have someone who would help them if they were sick for a short period of time, such as if they had the flu (Exhibit 4). The percentage drops even further when older adults are asked if they have someone who would



help for a long period of time if they should become sick or disabled. Nearly one-third do not know of any family member or friend who could provide this kind of long-term help.

IT'S OUR FUTURE!

Today, one in ten Kent County residents – 62,102 people – is 65 or over. Most experts agree that, within the next 30 years, that number will double. Creating Community for a Lifetime is planning today so that the older adults of tomorrow are supported as caregivers **and** receive the caregiving they need as they age.

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COMMUNITY BASED SERVICES FOR OLDER ADULTS IN KENT COUNTY

CREATING COMMUNITY FOR A LIFETIME... Planning for an elder-friendly community in Kent County

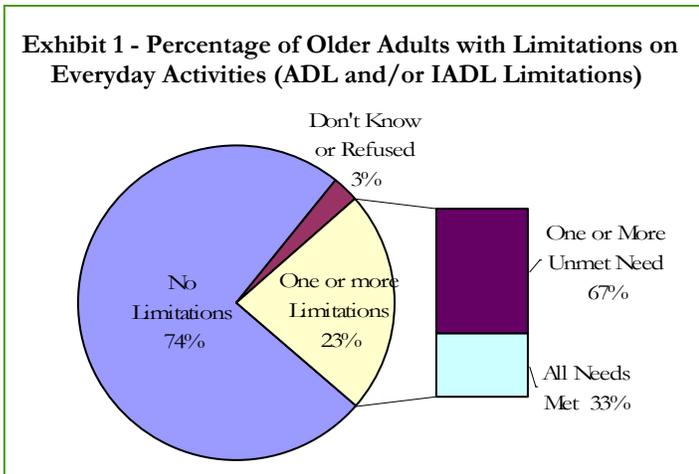
MORE OLDER ADULTS CAN LIVE INDEPENDENTLY— WITH A LITTLE HELP FROM THEIR COMMUNITY!

Although the overwhelming majority of older Kent County residents want to remain in their homes as long as they can, more than 14,000 of them need assistance from others to carry out everyday activities. While thousands of older adults in Kent County were served last year by community-based programs funded by the Older Americans Act and the Kent County Senior Millage¹, two out of three Kent County older adults who need assistance with everyday activities are not receiving the help they need. According to Michigan’s state plan for aging services, “As the growth of Michigan’s aging population continues to exceed available resources to address the corresponding demand for services, a full range of affordable home- and community-based care options are needed to contain costs, facilitate consumer choice, and support caregivers.”²

An elder-friendly community offers a range of community-based care options so older adults who are frail or disabled continue to live as independently as possible.

ONE-FOURTH OF KENT COUNTY ELDERS NEED ASSISTANCE

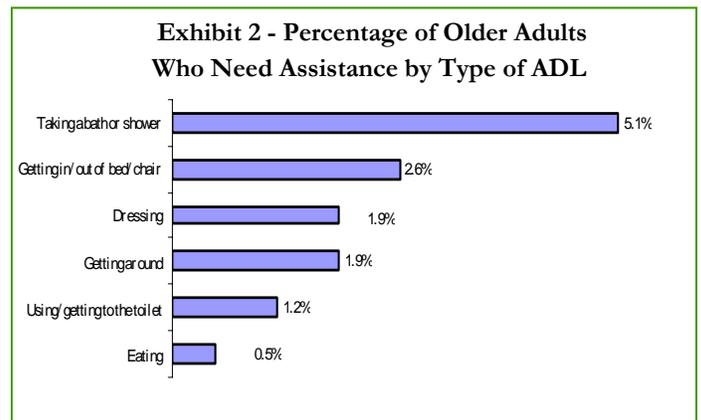
While the vast majority of Kent County elders are able to live independently, nearly one in four — 14,203 people — need assistance with everyday activities.³ Among those who need such assistance, only one out of three are receiving the assistance they need.



ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (ADLs)

Fourteen percent of Kent County elders – nearly 9,000 people – need assistance with activities of daily living, the most frequently cited being taking a bath or shower (5%), getting

in or out of a bed or chair (3%), and just getting around (2%). Among those needing help with ADLs, a full 71% are not getting the help they need.

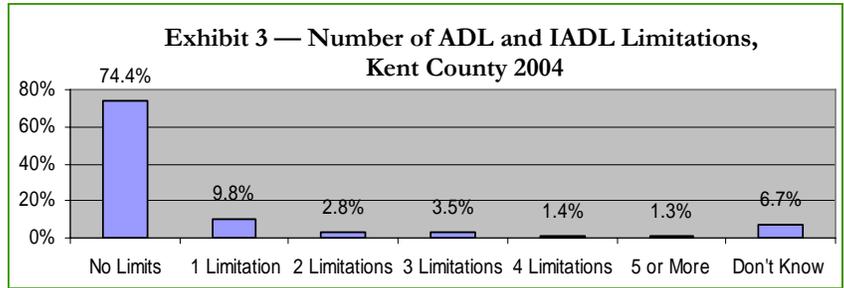


ASSISTANCE WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

Seventeen percent of Kent County elders – more than 10,500 people – need assistance with instrumental activities of daily living, the most frequently cited being going outside the home (7%), housework (6%), keeping track of money or bills (5%), and transportation (4%). Among those needing help with IADLs, just over half (53%) are not getting the help they need.

EXTENT OF LIMITATIONS

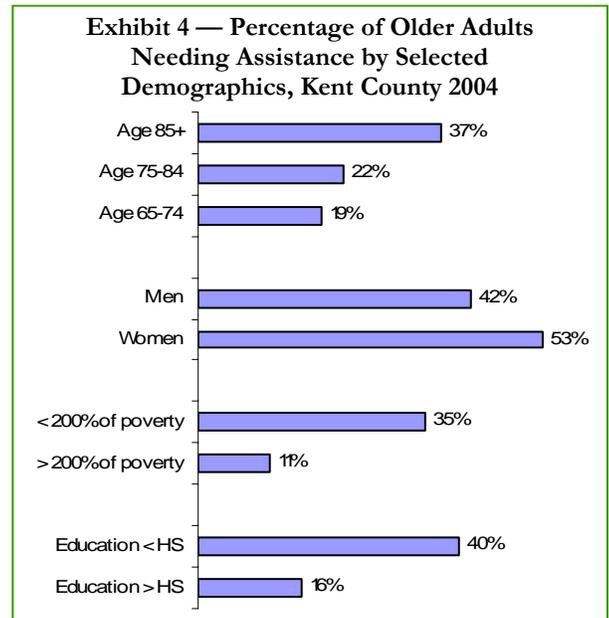
The qualification criteria for services varies by program. For many services elders must indicate that they need assistance with 3 or more ADL or IADL limitations. This means that the majority of those in Kent County who need assistance would not meet the qualification criteria for certain services.



DEMOGRAPHICS OF ELDERS NEEDING ASSISTANCE (ADLS AND IADLS)

In Kent County, low income elders, minorities, those with a lower education, and those age 85 or more are significantly more likely than their counterparts to need assistance to maintain independence in the community. For example:

- 37% of elders age 85 or more need assistance, compared with 22% of those age 75 to 84 and 19% of those age 65 to 74.
- Among Kent County elders who need assistance with everyday activities, 69% are female and about half are low income (52%), have a lower education (51%), and live alone (52%).
- 35% of low income elders need assistance with everyday activities compared to only 11% of mid- and upper-income seniors.
- 40% of elders with less than a high school education need assistance while only 16% of those who completed high school have similar needs.



IT'S OUR FUTURE!

Today, one in ten Kent County residents – 62,102 people – is 65 or over. Most experts agree that, within the next 30 years, that number will double to nearly 125,000. Creating Community for a Lifetime is planning *today* so that the older adults who need assistance with everyday activities will have access to the community-based services that enable them to live independently as long as possible.

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¹ Services included adult day care, home care, congregate and home delivered meals, as well as educational services.

² State of Michigan Commission on Services to the Aging and Office of Services to the Aging, *State Plan on Services to Michigan's Older Citizens: Fiscal Years 2004-2006*, Lansing, MI, July, 2003, p. 19. Accessed 4.22.05 from www.miseniors.net.

³ This data includes activities of daily living (ADLs) and instrumental activities of daily living (IADLs) ADLs include taking a bath or shower, dressing, eating, getting in/out of bed/chair, using/getting to a toilet, and getting around inside the home. IADLs include going outside the home, doing light housework, preparing meals, driving a car/ using public transportation, taking the right amount of prescribed medication, keeping track of money/bills.

AFFORDABLE HOUSING FOR OLDER ADULTS IN KENT COUNTY

CREATING COMMUNITY FOR A LIFETIME... Planning for an elder-friendly community in Kent County

WHAT MAKES HOUSING “AFFORDABLE” AS WE AGE?

Almost all older adults in Kent County want to stay in their current homes – but more than a third fear they won’t be able to. As key reasons for their concern, they cite financial uncertainty and questions about their ability to care for themselves as they age. For many – especially the poor and people of color – the big issue will be their housing “cost burden.” Here’s what a recent survey of older adults in Kent County tells us about housing affordability.

An elder-friendly community provides a range of appropriate and affordable housing options for older people – particularly those with limited means – and the support to age in place.

HOUSING SECURITY

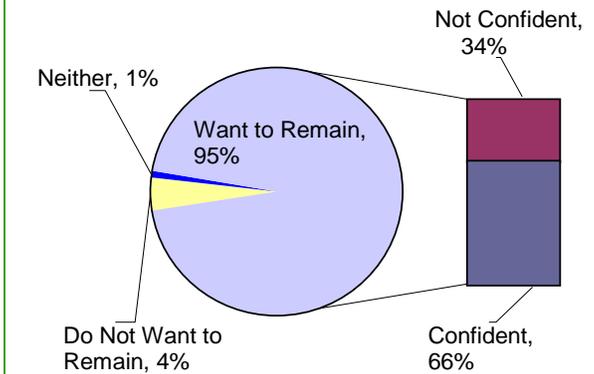
Nearly all (95%) of Kent County residents over age 65 wish to remain in their home for as long as possible (Exhibit 1). This reflects the desire on the part of many to remain close to friends, neighbors, family and/or church.

Despite this, 34% of the seniors who want to remain in their home are not confident that they will be able to continue to live in their present residence for as long as they would like.

One explanation for lack of confidence is the decreasing ability to care for oneself that some older adults experience. For example, 68 % of older adults with no limitations on their “activities of daily living”¹ (ADLs) express confidence in their ability to remain in their homes, but only 54 % of those with one or more ADL limitations share that confidence.

Lack of confidence also appears to be related to the financial uncertainty reported by many older adults in Kent County. When asked if they think that they will have enough money to take care of themselves for the rest of their lives, only 77% of Kent County’s older adults said “yes”. Eight percent said “no” and 14% said that they did not know.

Exhibit 1 - What percentage of older adults want to stay in their current homes? How many are confident that they will be able to do so? Kent County, 2004

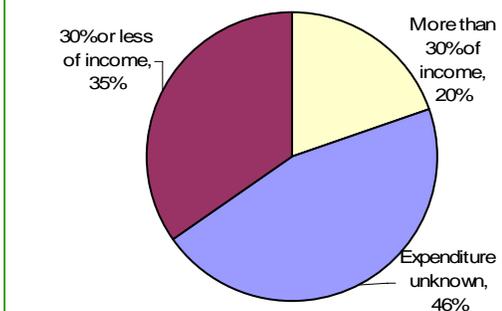


HOUSING BURDEN AMONG OLDER ADULTS IN KENT COUNTY

According to the US Department of Housing and Urban Development, families who pay more than 30 percent of their income for housing often struggle to afford necessities such as food, clothing,

transportation and medical care. Data from the AdvantAge Initiative shows us that one in five of Kent County’s older adults are spending more than 30% of their income on housing expenses. However, that number may be low, as it was impossible to calculate housing

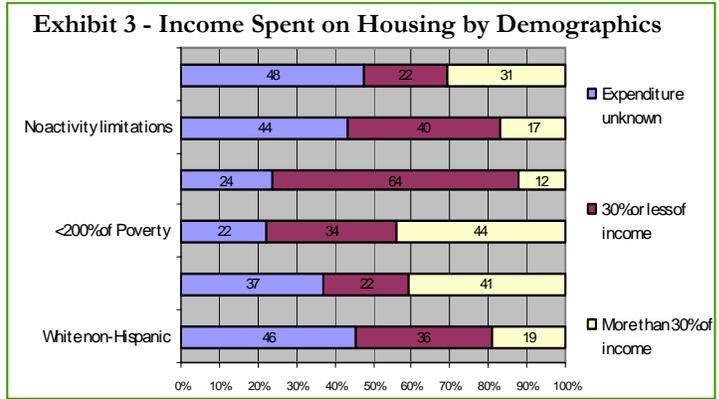
Exhibit 2 - Housing expenses as a percent of income, Kent County 2004



CONTINUED...

spending for nearly half of those surveyed (due to the structure of this particular series of questions and the way people responded). If one considers only those people for whom we could make the calculation, approximately 37% are housing burdened.

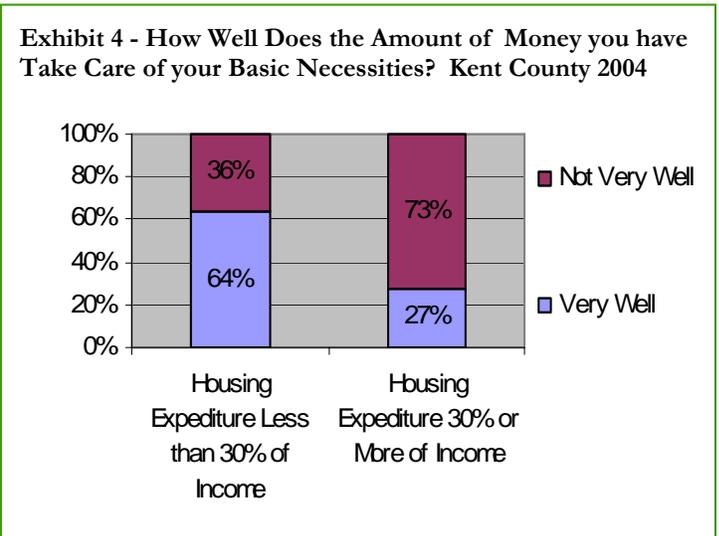
Some subpopulations were more likely to report suffering from housing burden. For example, older adults with one or more ADL limitation are twice as likely than those without such limitations to report housing burden.



THE IMPACT OF HOUSING BURDEN ON BASIC NEEDS

Three out of four seniors who spend more than 30% of their income on housing report not having enough money to meet their basic needs. This figure is double that of the older adults who are not “housing burdened”. This finding gives weight to the federal warning that families who pay more than 30% of their income for housing may have difficulty affording necessities.

Almost one in five older adults who are housing burdened reported that they did not have enough money to obtain dental care. Additionally, nearly one in eight were unable to fill a prescription and/or pay for eyeglasses due to lack of money. When those who are housing burdened were asked if adults in their household had ever cut the size of meals or skipped meals because there wasn’t enough money for food, four percent said they had. Of those who were *not* housing burdened, none reported reducing or skipping meals.



IT’S OUR FUTURE!

Today, one in ten Kent County residents – 62,102 people – is 65 or over. Most experts agree that, within the next 30 years, that number will double to 124,204. Creating Community for a Lifetime is planning *today* so that the older adults of *tomorrow* will find the housing and support options they need to age in place right here in Kent County.

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¹ Activities of Daily Living (ADLs) include eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. Instrumental activities of daily living (IADLs) include: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework and transportation ability.

HOME MODIFICATIONS FOR OLDER ADULTS IN KENT COUNTY

CREATING COMMUNITY FOR A LIFETIME... Planning for an elder-friendly community in Kent County

Home Modifications Needed to Support Aging in Place

As their risk of injury and disability increases, older adults need homes that provide safe, comfortable and convenient environments. According to the Centers for Disease Control and Prevention, appropriate home modifications and repairs may prevent 30% to 50% of all home accidents, including falls, among older adults. In Kent County, one in twelve (8%) older adults needs to modify her/his home in the next five years, but a significant number of these elders are not sure they will be able to. A disproportionate number of those needing modifications are minorities, those in poorer health and women.

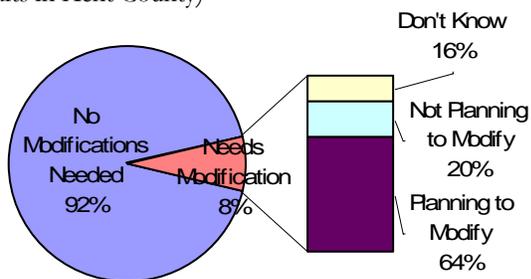
An elder-friendly community enables older adults to age in place if they want to by helping them modify their homes to accommodate their changing needs.

Many Modifications Not Being Made

Although 95% of older residents in Kent County want to remain in their homes as they age, one in 12 (8%) – about 4,700 elders – see the need for significant, often costly, modifications to improve their ability to stay in their homes over the next five years. Nationally, 14% of older adults say they need such changes to their homes.¹

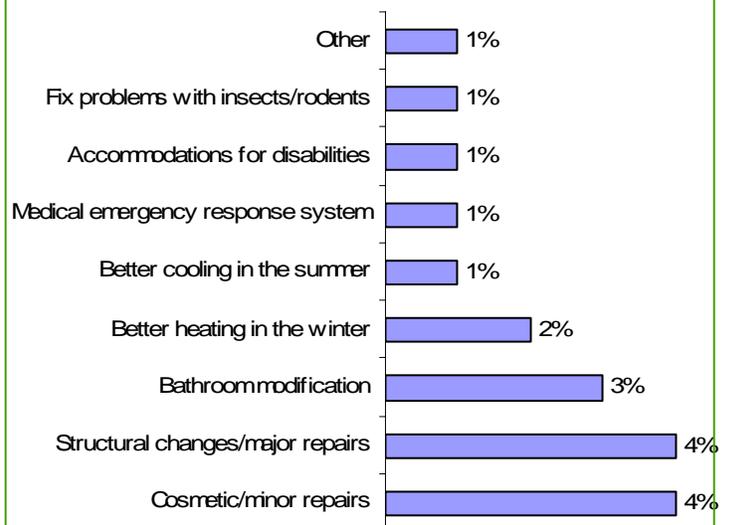
At least 20% of those who need home modifications indicated they have no plans to make them – usually because they can't afford them, they can't do the work themselves or they're not sure they'll still be living in the same place in five years. Although several community programs offer assistance with home repair and home modifications, nearly half of the older adults in Kent County are unaware of these services.

Exhibit 1 - Older adults (65+) with home modification needs and plans (as a percentage of the total population of older adults in Kent County)



The top needs cited in Kent County were structural changes/major repairs (i.e., new roof or plumbing), cosmetic/minor repairs (i.e., painting or floor refinishing), bathroom modifications (i.e., grab bars, handrails, high toilet or non-slip tile) and heating system upgrades.

Exhibit 2 - Types of modifications needed (as a percentage of the total population of older adults in Kent County)

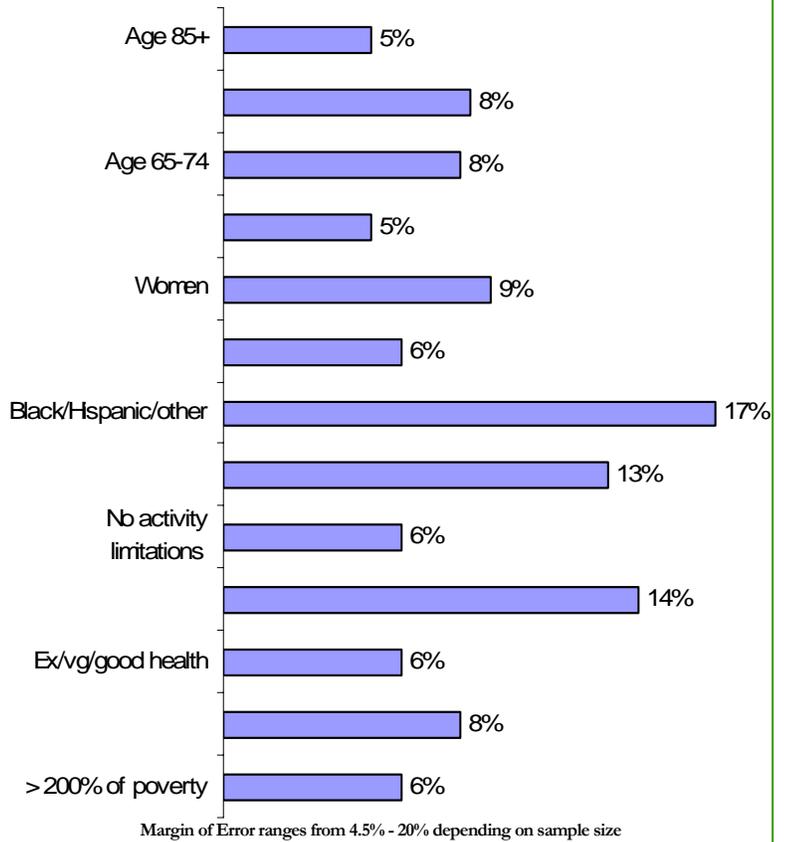


Who Needs Home Modifications?

Among the nearly 5,000 older adults in Kent County who need to modify their homes to be able to remain in them, a disproportionate number are minorities, those in poorer health and women. Seventeen percent of older minority residents need modifications – nearly three times the proportion of White non-Hispanic elders (6%). Similarly, nearly twice as many women (9%) than men (5%) need home modifications.

The proportion of older adults in poorer health who need modifications (14%) is more than double that among those in good health (6%). Elders who require assistance with one or more activities of daily living (ADLs) or instrumental activities of daily living (IADLs)² are also more than twice as likely to need home modifications than their counterparts who have no activity limitations. This disparity takes on added significance when we consider the increased risk of injury among frail elders. According to the Centers for Disease Control and Prevention, appropriate home modifications and repairs may prevent 30% to 50% of all home accidents, including falls, among older adults.

Exhibit 3 - Which older adults need home modifications?



IT'S OUR FUTURE!

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PHYSICAL ACTIVITY AND NUTRITION AMONG OLDER ADULTS IN KENT COUNTY

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EXERCISE AND NUTRITION: KEYS TO INDEPENDENCE AND WELLBEING

A vast majority of older Kent County residents (77%) describe their health as good, very good, or excellent, slightly better than the national average. This may be partially attributable to the high level of physical activity among local elders – 55% engage in regular exercise and another 16% engage in “some activity.” According to the National Center for Disease Prevention and Health Promotion, physical activity is one of the most important steps older adults can take to maintain physical and mental health, quality of life, and the ability to live independently. Another important factor contributing to health is good nutrition. For almost all Kent County elders, a lack of money is not a barrier to getting *enough* food, but it is unclear how many are eating *nutritious* meals.

An elder-friendly community offers a range of support choices and activities that ensure elders remain healthy and active as long as possible.

MOST KENT COUNTY ELDERS GET REGULAR EXERCISE

The vast majority (71%) of Kent County elders engage in some form of regular physical exercise. That means, locally more than 18,000 older adults seldom or never exercise – about the same proportion (29%) found in national surveys of older Americans.

exercise than women (68%), but an even larger disparity appears when we compare health status (Excellent/Good Health: 78% and Fair/Poor Health: 48%) and income levels (moderate/high income: 78%; low income: 61%).

Exhibit 1 - Percentage of Older Adults who Exercise Regularly¹, Kent County 2004

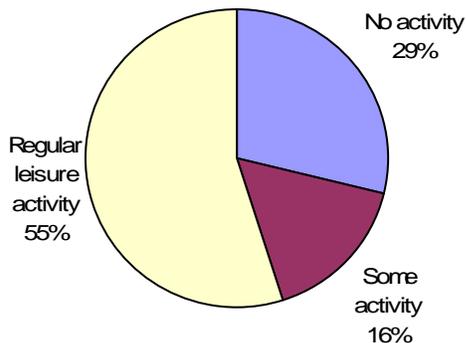
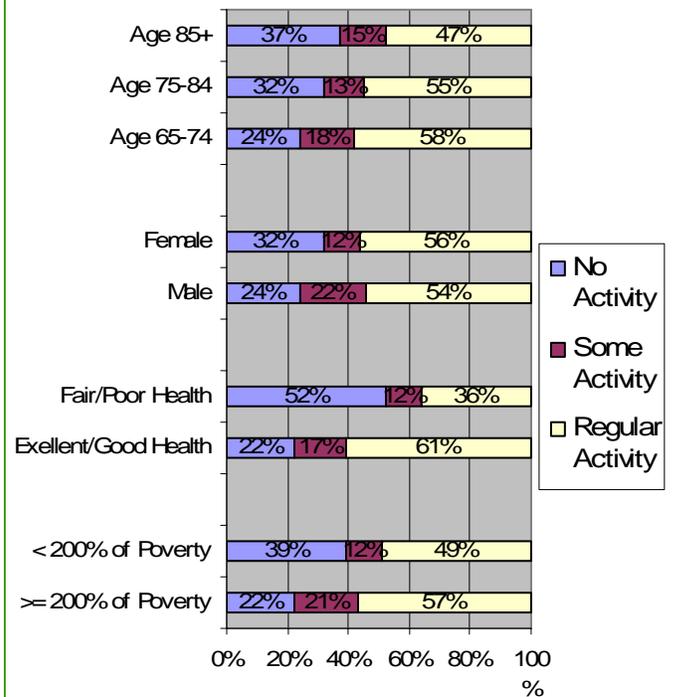


Exhibit 2 - Physical Activity¹ by Age, Gender, Race/Ethnicity and Income, Kent County, 2004



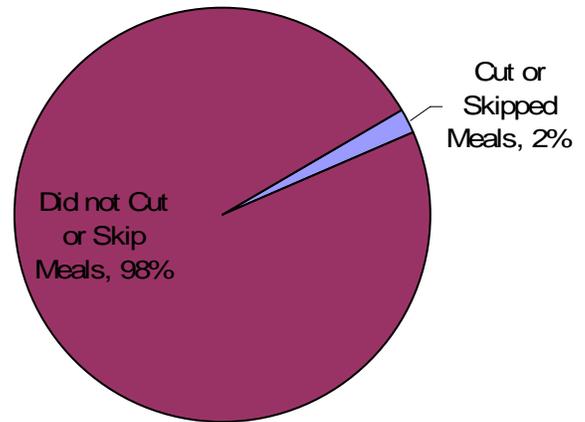
EXERCISE LEVELS VARY BY AGE, GENDER, HEALTH STATUS AND INCOME

Although physical exercise generally decreased with age in Kent County, a majority of those 85+ (62%) engage in some form of exercise. More men (76%) tend to engage in regular

FINANCIAL LIMITATIONS NOT A BARRIER TO HAVING ENOUGH TO EAT

Two percent of Kent County elders – about 1,135 people - have had to reduce portions or skipped meals in the past year due to lack of money. In addition to financial limitations, elders face many barriers to maintaining a nutritious diet: life changes such as the loss of a spouse or a diminished sense of taste and smell can reduce appetite; and increased frailty and medical conditions may make it difficult for older adults to prepare meals, especially if they have dietary restrictions.²

Exhibit 3 — Percent of Older Adults who Reduced Portions or Skipped Meals Due to Lack of Money



IT'S OUR FUTURE!

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Creating Community for a Lifetime is a Kent County initiative seeking to build a framework for long-term planning to address the challenges and opportunities presented by an aging community. Lead partners are the Area Agency on Aging of Western Michigan, Inc. and the Grand Rapids Community Foundation.

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For more information about *Creating Community for a Lifetime* or a summary of the full AI survey results for Kent County, see www.community4alifetime.org.

¹ “Regular leisure time activity” is defined as 1) light or moderate activity that causes light sweating or a light to moderate increase in breathing or heart rate and occurs five or more times per week for at least 30 minutes each time, and/or 2) vigorous activity that causes heavy sweating or large increases in breathing or heart rate and occurs three or more times per week for at least 20 minutes each time. People who engage in combinations of the two types of physical activities described above are included in the category “some activity.” Those who are unable to or do not engage in physical activity are included in the category “no activity.”

² Kassner, E (2003). *Nutrition Assistance for Older Americans*. Retrieved May 12, 2005 from the world wide web at: <http://www.aarp.org/research/assistance/lowincome/aresearch-import-771-FS19R.html>.

SOCIAL AND CIVIC ENGAGEMENT AMONG OLDER ADULTS IN KENT COUNTY

CREATING COMMUNITY FOR A LIFETIME... Planning for an elder-friendly community in Kent County

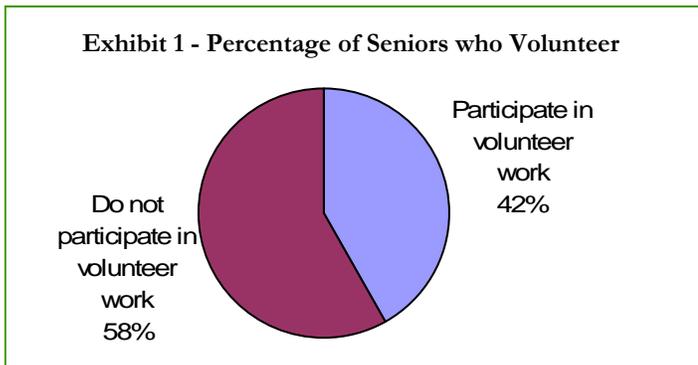
ELDERS CONTRIBUTE TO THE SOCIAL CAPITAL OF KENT COUNTY

Older adults in Kent County exhibit the underlying quality of social connectedness that political scientist Robert Putnam has described as the “social capital” of the community. This connectedness manifests itself in the fact that the vast majority (93%) of older adults surveyed in Kent County said they had either socialized with friends, attended religious services, or participated in cultural activities at least once in the previous week. We see signs of this social connectedness in the 42% of elders in Kent County who collectively contribute more than 8 million hours of volunteer service each year. And, although only 15% of Kent County elders today work for pay, most research indicates that a higher proportion of baby boomers expect to work well into their “retirement years.” Whether it’s through paid employment, community service, informal relationships or active civic engagement, it’s clear that older adults in Kent County constitute an immeasurable resource with the potential to play a vital role in improving the quality of community life.

An elder-friendly community provides plentiful and diverse opportunities for older adults to remain fully engaged and make meaningful contributions to their communities.

A VOLUNTEER WORKFORCE

Kent County elders are more likely than those in other communities to volunteer. While 42% of older adults in Kent County volunteer, nationally only 36% do so.¹

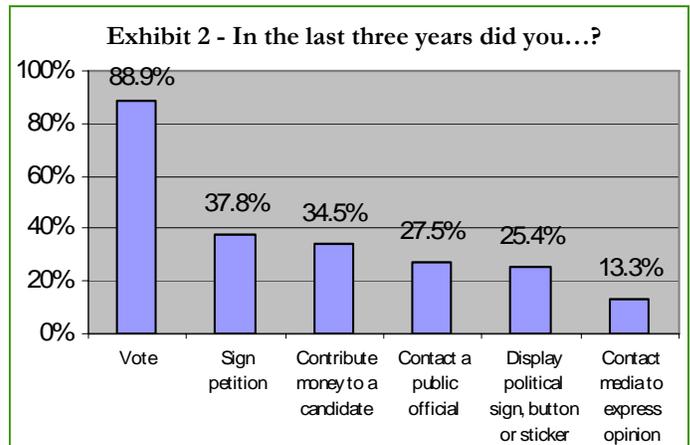


Older volunteers in Kent County devote substantial amount of time each week to their cause. Among those who volunteer:

- 39.6% spend five or more hours per week in volunteer activities.
- 49% contribute less than five hours per week.
- 11.4% weren't sure how many hours a week they volunteer.

POLITICAL VOICE

Another way for older adults to be active in community is by expressing their opinions. Nearly 9 out of 10 of Kent County’s older adults reported voting in the past three years. More than 1 in 3 signed a petition or contacted a public official to express an opinion.

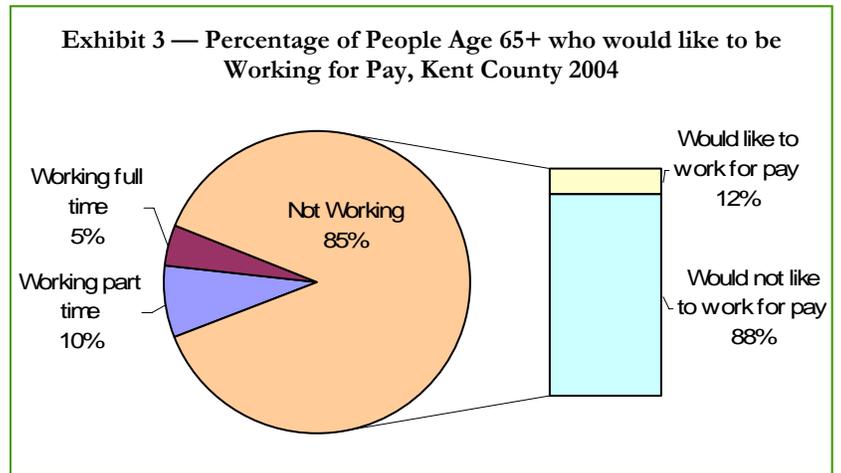


Of those who volunteer in Kent County,

- About a third (32%) donate their time to religious groups.
- About one in ten visit the sick or work in hospitals (12%), provide services for seniors (9%), do favors/chores for family and friends (9%), provide educational assistance (9%), or work with private organizations (9%).
- Other significant volunteer activities include working with kids (8%), providing driver or delivery services (7%), working in civic/social organizations (7%), and in philanthropy, museums or libraries (8%).

FEW ELDERS WORK FOR PAY – AND MOST LIKE IT THAT WAY!

Overall, only a small proportion of older adults in Kent County work full time (5%) or part time (10%) – about the same as national figures. The vast majority (85%) do not work for pay and are not interested in working for pay. Only 12% of the non-working elders in Kent County would like to work for pay – fewer than found in other communities surveyed (14% - 33%) and nationally (24%).



DESPITE INVOLVEMENT, ISOLATION STILL A PROBLEM FOR SOME

A number of responses indicate that social isolation can be a significant problem for older adults in Kent County.

- Over 18% would like to be more socially active.
- A quarter did not socialize with friends or neighbors in the past week.
- More than one in five say they have no close friends in neighborhood.
- Nearly half don't get out of the house every day.

IT'S OUR FUTURE!

Today, one in ten Kent County residents – 62,102 people – is 65 or over. Most experts agree that, within the next 30 years, that number will double to nearly 125,000. Creating Community for a Lifetime is planning *today* so that the older adults of *tomorrow* can be fully engaged, offering their skills, experience and wisdom to help address the challenges in their neighborhoods, communities and around the world.

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For more information about the *AdvantAge Initiative*, see www.vnsny.org/advantage.

¹ Feldman, Penny H., Mia R. Oberlink, Elizabeth Simantov, and Michael G. Gursen (April 2004). A tale of two older Americas: Community opportunities and challenges. Report on the 2003 national survey of adults aged 65 and older. New York: Center for Home Care Policy & Research, Visiting Nurse Service of New York, page 8. Retrieved March 2, 2005 from www.vnsny.org/advantage/survey.html#survey.